DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 8345 tem6 FilmG108 7/6/69 kk DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. death. neral and (Type ar print) 1968 SOPHIA BERTHA ASENDORE Dec. IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) 30.1 883 YRS Fe male White Aug. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED papers. hin 72 hi country) DIVORCED [WIDOWED Y Washington Maryland S. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Housewife give street oddress) **INDUSTRY** carban campletely Williamsport Homewood Cl 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before Own Home Homewood Church Home 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mb. COUNTY odmission) STATE remove ATTENDING PHYSICIAN: The law requires that the death certificate be execut 2128 W. Lexington St Raltimore Baltimore Maryland any 14. FATHER'S NAME and First Middle Last IS. MOTHER'S MAIDEN NAME First Wagner Sophia Sauer please John signed by the attending physician burial-transit permit. Then please burial, crematian, or remaval, and i 16b. SOCIAL SECURITY NO. 17. INFORMANT AWrelliamsport. Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Supt. 2750 Va. Ave 212-09-1264B Wagner. no 18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a). physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [this certificate by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased frampe _1968, and that in (my) (our) opinion death occurred on the date and hour and from the 12-26 saw the deceased alive an_ be retained shauld couses stated above. (1) (we) (did) (did nat) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING crace DEGREE PHYS DIRECTOR directar, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS 7791077 NAME (Type) 077766 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (Stote) REMOVAL (Specify) 12/21/68 Loudon Park Cemetery Baltimore Hagoerose town, Md 250. RECD BY REGISTRAR DEC 3 1 18 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 Andrew K. Coffman Funeral Home, Inc. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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 PHYSICIAN: The law requires that the death certificate be executed with physician ond completely please remove cor the ottending phys buriol-transit signed by O FUNERAL DIRECTOR: After this certificate hos been as the use be detached for use State Dept. af Heolth be retoined by the hospital or should director, poge should be filed Poge 4 may

ours after death

VR A15 (4) 30M REV. 1/68 22d. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION.

REMOVAL (Specify)

24. EUMERAL DIRECTOR ADDRESS

HAGERSTOWN, MAR

RICHARD

23b. DATE

N, MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

M.D.

FOREST

DEGREE

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22e. ADDRESS

2So. REC'D

DATE

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1969

23d. LOCATION (City or Town)

BIRMINGHAM.

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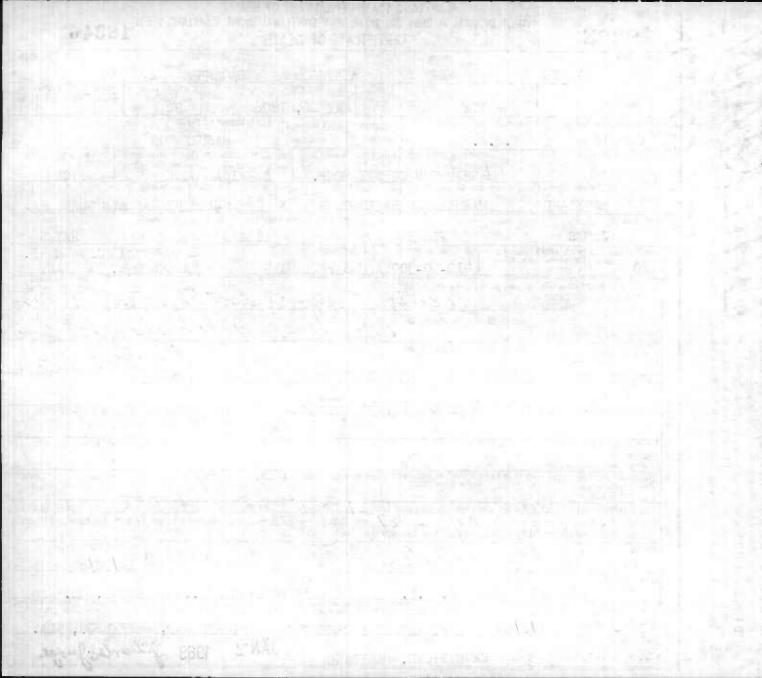
1135 POTOMAC AVE. HAGERSTOWN.

DIRECTOR

STRAR'S SIGNATURE

(County)

(Stote)



TOTAL THE RESERVE OF THE PROPERTY OF THE PROPE LONG STOCKES WITH THE PROPERTY OF THE PROPERTY TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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-2 ÷		ECEASED-NAME	First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
and death		(Type ar print)	-Arenc	e William	BArnhA	rt December	Der 13 1968 120 M
he funeral ges 1 and 2 after death	3. 5	SEX	4. RACE		5. DATE OF BIRTH	6. AGE (I	n years IF UNDER YEAR IF UNDER 24 HRS.
y the funeral Pages 1 and urs after deat	1/	MALE	whi	te	April10	1896 last bir	thday) Manths Days Hours Min.
- O =		BIRTHPLACE (State or fare	eign 7b. CITIZEN OF W	HAT COUNTRY? 8. MA	RRIED NEVER MARRIED	9. COUNTY OF DEATH	
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ille ba	10.	CITY OR TOWN OF DEATH) 11. N	AME OF HOSPITAL OR INSTITUTION	ON (If nat in haspital, 12a.	USUAL OCCUPATION (Kind of	wark dane 12b. KIND OF BUSINESS OR
YEN 90	2	VilliAmsip	orT give	street address) Willing	mspor7 duci	ng mast af warking life, even	if retired.) INDUSTRY
E de	130	. USUAL RESIDENCE (When	e deceased lived, if institut	tian: Residence befare 13c. (CITY LIMITS? 13e. STREET AND	NUMBER
remove or on poers.	adn	nissian) STATE Ary	and 13b. COUNTY	hingTON Ha	gerstown YES -	NO 2423	Virginia Ave.
SER !	14.	FATHER'S NAME Firs	t Middle	Last	IS. MOTHER'S MAIDEN NA	ME First	Middle Last
din d		Luth	er M	Barnhari		Susan	A Staumbauah
leas	160	. WAS DECEASED EVER IN	U.S. ARMED FORCES? If yes give wor or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	(SON) -	Address
physician and en please ren aval, and in a		Yes, na or unknawn) (y yes give wor or adies or services	214-09-0666	Delmon/ A	BAYNHATT	Trad md.
by the attending phy ransit permit. Then crematian, ar remava		18. CAUSE OF DEATH	(Enter only ane cause per li	ne for (a), (b) and (c).)	KVI/E		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
indi ar r		PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (a)	Krolle.		TOTAL COLUMN	
atte on,	1	4369	DUE TO, OR	AS A CONSEQUENCE OF		0	
sit	1	Canditians, if any, which		sulla	orleres	coleroxex	
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igned urial-t urial,		last. 33 4 x			1	B	
sign		PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN OF PART	1(a)
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has been se as the th priar ta	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WAS PERFORM	V //	CALICEC OF DEATH	ENDINGS CONSIDERED IN CERTIFYING
th y	RTE	Photo			- 4		
ficate far us Healt		21a. ACCIDENT WAS UN		F INJURY Manth Day Year	21 HOW INJURY OCCURRED	(Enter nature of injury in Part	I ar Part 2, Item 18.)
事事	AEDICAL	(If either, natify medical	al examiner) P.M.	19			
s ce	×	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street ar R.F.I	D. Na. City ar Tawn	Caunty State
det		at wark at wark				The state of the s	
Stat				ended the deceased fro	m,	19, to	, 19, that (I) (we) last
the the	Р	saw the dete	ased wive on	(did not) view the bady	ona that in (my) (aur	apinion deoth occurred	on the date and haur and from the
shauld ith th		22b. SIGNATURE	()	(did not) the me sad)		/	22c. DATE SIGNED
DIRE ge 3 led w			Lewiz	MILLAND	DEGREE PHYS.	MED. STAFF PHYS.	012-14-68
- Bag		22d. PHYSICIAN'S		The state of the s	22e. ADDRESS	1 2	
2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached for use as the burial-transit permit. Then please ramove a should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event		NAME (Type)	KANCIS	(CV)ROSIL	-4 580	Marcher	u Cere. Hog
oul ou	230	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City ar	Tawn) (Caunty) (Yinte)
5 g & W	L	REMOVAL (Specify)	12/15/68	, Rest Hay	en Cemetery	Hagerston	wn-Washington-Md
VR A15 (4)	24.	FUNERAL DIRECTOR 2	ru. G. Hox	ADDRESS	25o. RE	C'D BY REGISTRAK 2Sb.	REGISTRAR'S SIGNATURE
30M REV. 1/68		Rest Haven	Juneral Cha	pel Hagersi	town Md. DATE	DEC 1 8 1968	Schooles Judge

BACEL \$ 15 m Lieung/ Esternal ench nedictive Course of Kinglet Lower 13-21-C1 Alle Colo Colo Salve 580 Ballen and the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18349

typted within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicida and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pageshauld be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs. be exe **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

1. DECEASED-NAME

DECEASED-NAME	First	Middle	Lost		20. DATE OF DEATH	2	2b. HOUR
(Type or print)	Walter	Mathias	Beitler	. Sr.	December	13 1988	M
SEX	4. RACE		S. DATE OF	BIRTH	6 AGF (In years		NDER 24 HRS.
Mal	e	White	July	15.1888	last birthday)	YRS. MONTHS DAYS HOU	JRS MIN.
. BIRTHPLACE (State	ar fareign 7b. CITIZEN	OF WHAT COUNTRY? 8	MARRIED NEVER		COUNTY OF DEATH		
dalfway W	ash Co. Md.			ORCED	Washington	n	Md.
CITY OR TOWN OF		11. NAME OF HOSPITAL OR INSTI	TUTION (If nat in haspita		OCCUPATION (Kind of work d	one 12b. KIND OF BUSIN	VESS OR
Hagers	town	give street address) Washington Co	Hospital	during mos	t of working life, even if retire and the street of the st	ed.) INDUSTRY	d
	(Where deceased lived, if in	nstitution: Residence before 1	3c. CITY OR TOWN	13d. INSIDE CITY LIMI	TS? 13e. STREET AND NUMBE	R	
Imission) STATE	land was	hington	Boonsboro	YES NO	27 Potoma	c St.	
. FATHER'S NAME	First Mic	ldle Last	IS. MOTHER'S	MAIDEN NAME Fire	st Midd	le Lo	ost
9	ohn So	unuel Beitl	er	EUL	a Nor	a Kahoe	2
So. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO			Addre		
Yes, no or unknow	(1)	705-10-474	7 Mrs. Evo	A. Beitl	er 27 Potomac		
		per line for (a), (b), and (c).)		-37		APPROXIMATE II BETWEEN ONSET A	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEUMO	NIA		Carl Part of the	SEVERL	14
486X		, OR AS A CONSEQUENCE OF				DA45	- ABOUT
Conditions, if or						3-4	٤
rise to immedia	nie canse (a),	, OR AS A CONSEQUENCE OF	Page 1				3.30
lost. 492) (c)					
PART 2. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERM	NAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	GREWIA	1000
ARTE	16105CLEROTI	C HEARTDISE	EASE SEVEL	OS 3 JS	YGESTIVE FAIL		
19a. DATE OF OPE	RATION 19b. CONDITION FO	OR WHICH OPERATION WAS PERF	ORMED 200. AL	JTOPSY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN CERTIF	ring
			YES	NO 🗆	CAUSES OF DEATH?		
		ME OF INJURY	21c. HOW INJURY	OCCURRED (Enter I	noture of injury in Port 1 or Po	rt 2, Item 18.)	
(If either, natify	G CAUSE OF DEATH HOUR medical examiner)	A.M. Month Day Yeor P.M. 19	M Shall				
21d. INJURY OC While Not v	CURRED 21e. PLACE OF IN.	TURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCATION S	treet or R.F.D. Na.	City or Tawn	County	Stote
at wark at w	ork —						
220. I certify	y that (I) (this hospital	attended the deceased	fram Dec	11, 1962	P, to Dec 15	, 19 <u>68</u> , that (I)	(we) lost
sow the	e deceased alive on	(did) (did nat) view the bo	ody after death	my) (our) opin	ian death occurred on th	e date and hour ond	tram the
22b. SIGNATURE		(ald) (ald fidir) view file bo	dy difer deom.			22c. DATE SIGNED	
C &	elvanie	UN	DEGREE PHYS.	DING DIR	ECTOR PHYS.	12/17/68	
22N. PHYSICIAN	(-43		DDRESS	1113.	11/08	
NAME (Type	RIZALITI	O AMARILL	0	120 W. U.	UN ST SHAR	PSBURG LID	
Bo. BURIAL, CREMATI	ION, 23b. DATE		METERY OR CREMATORY		23d. LOCATION (City or Town)		tate)
REMOVAL (Specif	Y) 12/18/6	8 Rost	Haven Ceme	tory	dageratown-	Washington-M	14
4. FUNERAL DIRECTO		Nors ADDRESS	, since Early College	DEC'D DY	DECICTDAS DECICT	RAR'S SIGNATURE	11,449
Rest Ha	ven Funeral (Chapel Hager	stown, Md.	DATE DE C	20 1968 20	carles Judge	L.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Middle Lost 20-DATE OF OFATH OECEASEO-NAME 2b. HOUR Month / G (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) WHITE MONTHS OAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED REVER MARRIEO country) WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13b. COMIT odmission) STATE erstown 14. FATHER'S NAME Middle Middle IS. MOTHER'S MAIDEN NAME First Lost UNKROWN 10 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY (If yes give war or dates of service) no orunknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A stoting the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. OATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YEST NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and hour and fram the sow the deceosed olive on causes stoted obove, (1) (we) (did) (did not) view the body after death 22c. OATE SIGNED ENDING DIRECTOR PHYS 22e. ADDRESS 1135 Potomac Ave. NAME (Type) Richard T. Birford M.D. Hagesstown, Md. 230 BURIAL, CREMATION 23d. TOCATION (City or Town) (County) REMOVAL (Specify)

The law requires that the death certificate be executed within 24 hours ofter death. physicion permit. burial-tronsit signed by prior to l has been the SD use O FUNERAL DIRECTOR: After this certificate jo be detoched Poge 4 may be retained director, page 3 shauld should be filed with the

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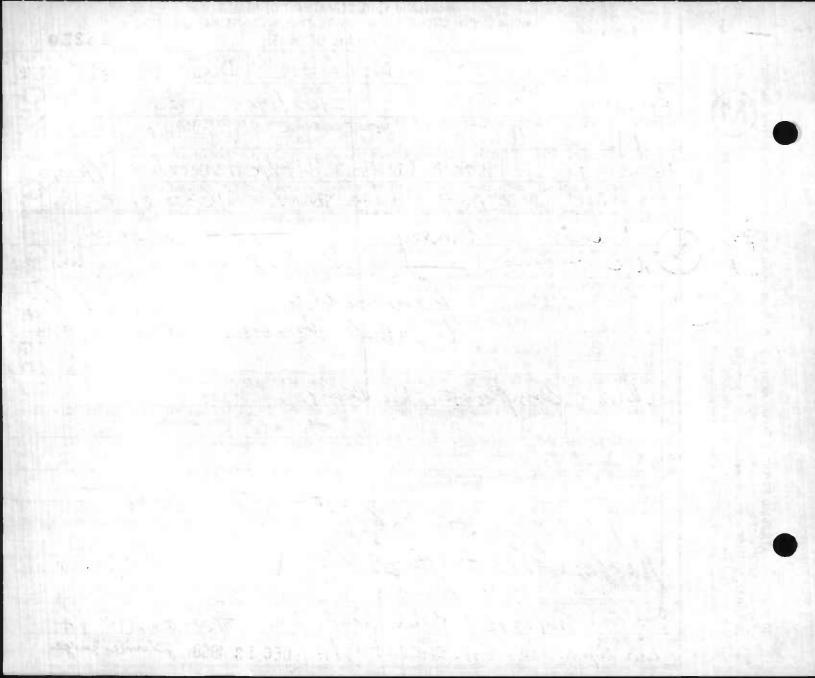
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VR A15 (4) 30M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending presiden and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often death.

continuate be executed within 24 hours ofter deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth

Page 4 moy be retained by the hospital ar attending physician.

30M REV.

STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CE	RT	IFI	CA	TE	OF	DEA	TH

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1. DECEASED-NAME	First		Middle	Last	DEATH	2a. DATE OF DEAT	H		2b. HOUR
(Type or print)	Milton	n R	eichard	Bloom		Decembe	Month 10.	1968	9:45 AM
3. SEX		4. RACE		5. DATE OF	BIRTH	6. /	GE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Male		White		Augu			59 YRS.	3 1	
	lle, Md.	U. S. A			ORCED _	. COUNTY OF DEA	ton		Md
10. CITY OR TOWN Hagerst	own	nive stree	ington Co	YUONAf not in hospita Hospital	during mos	OCCUPATION (Kind of warking life,	even if retired		er Dept.
admission) SIAIE	NCE (Where deceased	lived, if institution:	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Boonsboro	YES NO		AND NUMBER		
14. FATHER'S NAME		Middle	Last	1s. MOTHER'S	MAIDEN NAME Fire		Middle		Last
	Richard ED EVER IN U.S. ARMEI	D.	Bloom SOCIAL SECURITY NO.	17. INFORMANT	Nani	nie	Address	Mong	an
Yes no, ar unkn	nawn) (If yes give wer	or dates of service)	14-09-6430		manaa V	Bloom.		Boons	home Wa
Conditions, it rise to immediate. PART 2. OTH	1	DUE TO, OR AS A (b) OUE TO, OR AS A (c) OUE TO, OR AS A (c)	CONSEQUENCE OF	collection of the terminal primer (200. AL		20b. IF YES,	WERE FINDINGS (Ru	CERTIFYING
₹ □ OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF DEATH	HOUR A.M. N	Manth Day Year	YES [21c. HOW INJURY (CAUSES OF I		Item IB.)	
While N	OCCURRED 21e. Plat while at work	7	HOME, FARM, STREET, FACTOR TICE BUILDING, ETC.	21f. LOCATION St	reet or R.F.D. No.	City or To		County	State
22a. I cer saw t cause 22b. sig) Atu		hospital) attend ve on(i) (w s) (did) (did	d not) view the bo	from 6/34 68, and that in (dy after death.			rred an the d	DATE SIGNED	of (I) (we) lose ond from the
/	4 . 1								
22d. PHYSICI NAME (1	Unity V IAN'S Type) 5 /5 m	(FY)	YOVEW	DEGREE PHYS.		MKS 7	YS.	m	7
	MATION, 23b. DA	(EY) TE - 13- 68		DEGREE PHYS.	DDRESS F U	PHORECTOR LIPH MKS 7 23d. LOCATION (C Boonsbot	YS. U /	(County)	(State)

John H. Bast, Jr. 112 N. Main St. Boonsboro, MdAJE

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1 er 2	27, 1400	827,	84.51	51	- elsk

polycine William I. Commence Ville, Vil. W. S. A.

ngarayon takiniyon Co. 1919ish Cherakor City akana Kaja.

Fig. 1 Booksoors R Hi. 2

Atement ... Block 274-29-5130 May. Florence V. Bin m. Eld. 2. Bocaepard. M.

Midal 12-13-30 Jonesono General Granden Co., Mis. John H. Bast, dr. 112 E. Main St. Hoonsbore, Mr. M. v. 6 1868 St. and Lange after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	(T)		Charles Edwa		20. DATE OF DEATH 12 Manth 21 Doy	68ear 7. 1020
3	l. SE)	male	4. RACE white	S. DATE OF BIRTH June 9, 1	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7	a. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Washington	
	H	TY OR TOWN OF DEATH agerstown	give Weet gedress) C	o. Hospital during	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY Urucking
0	3o. I	USUAL RESIDENCE (Where deceders) STATE Md.	ased lived, if institution: Residence before 13b. COUNTY Wash.	Hagerstown	NO□ 844 Guilfo	rd Ave.
			Middle los R. Boward	Minr	E First Middle	Lost
	16a.	WAS DECEASED EVER IN U.S. AR s, na, or unknawn) (If yes give	RMED FORCES? e war or dates of service) 16b. SOCIAL SECUR 214-09		Address Boward Hagers	town, Md.
		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), and SED BY: DIATE CAUSE (a)	71		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	roclusia OF		Jeans
		446x Dial	onditions contributing to death, but	UT NOT RELATED TO THE TERMINAL DISEASE (
	CERTIFICATION	19a. DATE OF OPERATION 19b	b. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
	AL	21a. ACCIDENT WAS UNDERLY! ☐ OR CONTRIBUTING ☐ CAUSE OF DE. (If either, natify medical exam	HOUR A.M. Month Day Y	Year 19	nter nature of injury in Port 1 or Part 2, It	em 18.)
		at work of work	e. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	, 0		County State
		22a. I certify that (I) (the saw the deceased causes stated above	this haspital) attended the dece alive an 22 to the ve, (1) (we) (did) (did nat) view t	eased fram, 19 19, and that in (my) (our) the bady after death.	apinian death accurred an the dat	64, that (I) (we) la e and haur and fram th
ı		22b. SIGNATURE	Nolum /	DEGREE ATTENDING PHYS.	MED. STAFF 22c. D.I	ATE SIGNED 123/68
	,	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
٦Þ						
L		BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR		of CEMETERY OR CREMATORY e Hill Cemetery	23d. LOCATION (City or Town) Hagerstown, D BY REGISTRAR 2Sb. REGISTRAR'S S	

Bur all the of the same to the state of th then in the same of the same o The state of the s and the Att of the Control of the Co

18340

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs death.

VR A15 (4) 30M REV. 1.00

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18353

	CEASED-NAME	First	Market III	Middle		Last		20. [DATE OF D	EATH				2b. HOUR
(1	ype or print)	LUTHER		PETER	BO	MAN		DEC	CEMBE	R Month	10 Doy	68 Ye	or	6 a N
3 SE	Х		4. RACE		5	. DATE OF E	BIRTH		6	. AGE (In	years	IF UNDER 1		IF UNDER 24 HRS.
1	MALE		WHITE			JULY A	, 1894	ł –		lost birthd	loy) YRS.	MONTHS	DAYS	HOURS MIN.
	SIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WI	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF D	EATH			- 1	11
cour	MARYLA	AND	U.S.	Α.	WIDOWED		RCED 🗍	V	MASHI	NGTO	N			Mo
	HAGERSI		give s	AME OF HOSPITAL OR INS street oddress) SHINGTON C						(ind af wa e even if ABOR		INDUST	ND OF B	UBBER RY
130.	USUAL RESIDENCE		ed lived, if institut	ion: Residence before	13c. CITY OR T		13d. INSIDE CITY L			ET AND NU				
odmi	ssion) STATE	MARYLANI	13b. COUNTY W	ASHINGTON	HAGERS	NWOTE	YES N	0 🔲	241	1 E.	FRAN	VKLIN	ST	•
14. [ATHER'S NAME	First	Middle	Lost	15.	MOTHER'S N	AIDEN NAME	First		-	Middle			Last
		SCOTT		BOWMAN			AM	IANDA	A			MUL	LEN	IX
160.	WAS DECEASED	EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY N	IO. 17. INI	ORMANT			2	41 à A	ddress :	FRA	NKL	IN ST.
y	es, no, or unknov	AU) (11 Aaz dissa)	Adi di odiez di zervice)	220-09-93	10 MRS	BL/	NCHE F	BOWM	AN H	IAGERS	STOWN		RYL	
				ne for (o), (b), and (c).)										ATE INTERVAL SET AND DEATH
	PART I. DE	EATH WAS CAUSE	D BY: ATE CAUSE (a)	Pheum	onin	, bi	latera	/				2	2 4	iks.
	491	X		S A CONSEQUENCE OF		,	3545			,	5.01			
		ny, which gave		Chronic	brone	hilis	and	0	mpl	1450	ma	6	100	ins
		iate cause (a), l derlying cause		S A CONSEQUENCE OF	17'-7	100				0			1	
	last.	, , ,	(c)											
	PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN I	IN PART 1(3)		100	
×	5020	2	breight)											
CERTIFICATION	19a. DATE OF OF	PERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AUT YES				ES, WERE F OF DEATH?	INDINGS C	ONSIDERED	IN CER	RTIFYING
		WAS UNDERLYI			21c. HOV	V INJURY O	CURRED (Ente	er nature	af injury	in Part 1 c	or Port 2,	Item 18.)		
MEDICAL	OR CONTRIBUTION	y medical exomi	TH HOUR A.M.	Month Doy Yeor										
MEI	21d. INJURY O	CCURRED 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOC	ATION Stre	eet or R.F.D. No	0.	City or	Town		County		State
	22a. I certif	fy that (I) (#	is nospital) att	ended the decease	ed fram	320	, 19_	65,	ta /2	-10	, 19.	(8.	that	(I) (we) las
	saw th	e deceased of	live an /2	-9	968 and	that in (r	ny) Xoux) ap	inian d	leath ac	curred a	n the da	ite and h	naur a	nd fram the
	22b. SIGNATURE		e, (1) (Well (alter)	(did nat) view the l	oddy affer de	eam.					220	DATE SIGNI	ED	
	220. 31GMATURE	11	1/100	1	M D DEGRE	ATTEND	ING F	MED. DIRECTOR		STAFF PHYS.	_	2/10/		
	22d. PHYSICIAN	run C	office	va ,	- I DEOKE	PHYS.		DIKECTUK		PH73.	7 7 5	-/10/	00	
	NAME (Typ		ES C. SP	ENCER. M.I).		5 S PRO	SPE	CT SI	. H	AGERS	STOWN	, M	D.
23a.	BURIAL, CREMA		DATE	23c. NAME OF						(City ar To		(Caunty		(State)
	REMOVAL (Spec	16.3	2/12/68	REST			ETERY				,	TNGTO	,	MD.
24.	FUNERAL DIRECT		1 12/00	ADDRESS	TIVE	- OHIL	2Sa. REC'D	BY REGIS	TRAR	2Sb. RE	GISTRAR'S	SIGNATUR	RE	TIL) a
1	01/2//	- //	a. / TIAC	TO COLOT N	EATISET ABT	2	DEC	13	1968	V OC	leans	/a. O.	ula	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	CEASED-NAME ype ar print)	Annie		Lydia		Brägun ie r	2a. DA	TE OF DEATH Month	Doy	Yeor	2b. 1	HOUR M
3. SE	Y Femal	e	. RACE W	hite		S. September 2	23, 18	881 6. AGE (In year	ors IF MO	UNDER 1 YEAR INTHS DAYS	IF UNDER	20
caun			CHIZEN OF WH	HAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRIED DIVORCED DIVORCED		ry of death SHINGTON				Md
H	AGERSTOWN		WE.	AME OF HOSPITAL OR I	STATE	HOSPITAL during m	nost of wor	ATION (Kind af wark rking life, even if re al nurse.	tired.)	12b. KIND OF INDUSTRY	BUSINESS	S OR
	USUAL RESIDENCE (Whession) STATE Md.	e deceased II		ashington			10 🗆	3e. STREET AND NUM 538 West	Vilso		the same of the same of	rd.
4. F.	ATHER'S NAME D	ÄNIEL	Middle	Mr. RICE	Marie I	MOTHER'S MAIDENANAME	·First	ELIZABE	TH	POTT	S Last	
	WAS DECEASED EVER es, no, or unknown)	IN U.S. ARMED I (If yes give war or o		None	Y NO. 12	S. LOUISE	EAS	TERDAY	TAGE	M		
	1B. CAUSE OF DEATH	WAS CAUSED BY								APPROXIA BETWEEN O		DEATH
	4129 Conditions, if any, we nise to immediate a stating the underlying last.	hich gove) ause (a),	(b)	Art AS A CONSEQUENCE C	F cerioscl	eart block erotic cardi	Lovas	cular dis	ease	20 ye	ears	n
CERTIFICATION	PART 2. OTHER SIGNI 4330 PACT 19a. DATE OF OPERATION	ON 19b. CONI	rt. in	TING TO DEATH BUT tertrochs ICH OPERATION WAS	mteric.	THE TERMINAL DISEASE OR (20a. AUTOPSY? YES NO	20	GIVEN IN PART 1(o) Ob. IF YES, WERE FINI AUSES OF DEATH?	DINGS CONS	I SIDERED IN CE	RTIFYING	G
₹	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH licol examiner)	21b. TIME OF HOUR A.M. P.M.	Manth Day Yea	or 19	W INJURY OCCURRED (Ente			Part 2, Iten	n 1B.)		
	21d. INJURY OCCURR While Not while at work at wark			OFFICE BUILDING, ETC.		CATION Street or R.F.D. No	44.0	City or Town		County		State
	22o. I certify th saw the de causes stot	at (1) (this h ceased alive ed above, (1)	ospitol) otte on (we) (sid)	ended the deced	sed_fromI 19 <u>68</u> , ond e body ofter d	that in (pry) (our) op eath.	1967to inion dec	Dec. 7 ath occurred on	_, 19 <u>68</u> the dote	ond hour	(J) (w and fro	re) las om th
	22b. SIGNATURE	hong	cho	on Ha	V DEGRI	E PHYS. \square	MED. DIRECTOR	STAFF PHYS.	22c. DAT	e signed 7	, 19	968
		hong Cl				22e. ADDRESS Western Mo						
.3a.	BURIAL CREMATION, REMOVAL (SPACE)	23b DATE	19/68	23 R OSE	F CEMETERY OR	GEWA,	23d H2	worehild?	IN WA	(SH)	MID	1
24.	FUNERAL DIRECTOR	me it	He	aslow	55 /	25g. REC'D E			STRAR'S SIG	SNATURE CO.	les	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages-1 and 2 shauld be filed with the State Dept. at Health prior ta burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 1 30M REV. 1/68

executed within 24 haurs after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

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.C. Heav Conservent). ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	· 1.	

ARTHENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Iter#9.	Film#Gl109	1/29/	CERTIFIC	CAT	E OF DEAT		, DALIII		355
1.	PLACE OF DEATH	ington	7	MARYLA	ND	2. USUAL RESIDEN o. STATE West	CE (Where dec	. b. COUN		
	b. CITY OR TOWN (in write RURAL and	f outside corporate limi give neerest town)	ts,	c. LENGTH OF STAY I		c. CITY OR TOWN (If outside corpo	rete limits, writa		1
-		rstown AL OR INSTITUTION (if not in ho	spitel, give street eddress		d. STREET ADDRESS	ardstow	n		e. IS RESIDENCE ON A FARM?
		ington Cour	ty Ho	spital		Rout				YES X NO
3.	NAME OF DECEASED (Type or print)	First Mamie		Middle Catheri	ne B	raithwaite	4. DATE OF DEATH	Decemb	er 30	Yeer 19 68
5.	SEX	6. COLOR OR RACE	7. MARRIE	D K NEVER MARRIED	7 B.	DATE OF BIRTH	9.	AGE (In years lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	White	WIDOWE		7.0	tober 2, 18	96	71/72rs.	Months Days	Hours Min.
10.	a. USUAL OCCUPATI	ON (Give kind of work	10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Cour	nty & State, or fo	oreign country)	12. CITIZEN O	F WHAT COUNTRY?
	House du			ome		Berkeley C	ounty, W	·Va·	U.S.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	William					Mary C. M	cDanie1			
15 (Y	. WAS DECEASED EVI	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address	Route 1	
	No	No			A	nthony W. B	raithwa	ite G		own W.Va.
	The second second	EATH [Enter only one H WAS CAUSED BY:	cause per	line for (e), (b), end (c).]					INT	ERVAL BETWEEN
	1131	IMMEDIATE CAUSE (0)		Cachexia	-					
П	1601	DUE TO		Generalize	a 14	et sicholei e				
	Conditions, if eny	ete ceuse	100	001101 (1,1,20		0 0 0 0 0 0 0 0 0 0 0				
	(a), steting the un			Cancer of	left	lung				
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH E		0	NAI DISFASE C	ONDITION GIV	EN IN PART I(a) 1	9. WAS AUTOPSY
CERTIFICATION	163 x					_			1.5	PERFORMED? YES NO T
	200. ACCIDENT WAR	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DE	scribe how injury oc none	CURRED	. (Enter nature of injury in	n Pert I or Part II	of itam 18.)		
MEDICAL	2Dc. TIME OF INJU Hour a.m.	RY Month, Day, Ye	er 2Dd. While	Not While		E OF INJURY (Home, ferry, street, office bldg., etc		or town)	(County)	(State)
		hat (I) (this hospi	tal) atten	ded the deceased	from	Oct.	196.8 to	Dec	19.68. †	hat (I) (we) las
				r 309 68, and						
-	22a. SIGNATURE							STAFF		22b. DATE
	Hurac	de Tra	The =)~	M.D	BANKE E.	MED. DIRECTOR	PHYS.	Jŧ	an 2169 GNED
	22c. PHYSICIAN'S NAME (Type)	Harold R.	Trit	cch, Jr M		22d. ADDRESS 302 N.	Potomac	St "ac	erstown.	ld.
23	a. BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEM	ETERY O			TION (City, tov		(State)
	REMOVAL (Specify)	Tan 2 10	60	Pleasant	View	Memory Gar	dens M	artinsb	urg. W.	Va.

25a. REC'D BY REGISTRAR

256, REGISTRAR'S SIGNATURE

VR A1S (4) 2DM S-63 DIRECTOR'S SIGNATURE

24 FUNERAL

ADDRESS
Home-Martinsburg, West Virginia

Magainet em mergaliterred machana and all 1 3 3 10 The same of the sa Unthering destroyments Pennie Witte ctones 2, 1346 House dation Barketter County, Livie. Idlandor Colvert 9.2203 otimustants w wmodite or and the same of the arms of the same of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18357

	-C	MEDICAL	EXAMINER.	3 CERTIFICA	TIE OF DEA	In			
1. DECEASED-NAME (Type or Print)	First		Middle	Lo	st	2a. DATE K	PCT:	Doy Year	2b. HDUR
(Tipe of Tillin)	Mary		Edna	Bro			MATED Dec	.19, 168	2:30
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In	years IF UNDER 1		ZC. DAIL IN	ONOUNCED DEAD		2d. HOUR
Female	White	June 9,			IO HOURS	Decem	ber 19.	Year 19 68	
7a. BIRTHPLACE (Stot	e or foreign 7b	. CITIZEN OF WHAT CO		MARRIED NEV		COUNTY OF DEA			
Maryland		U. S. A.		WIDOWED	DIVDRCED [Washi	ngton		Md
10. CITY OR TOWN O		11. NAME (OF HOSPITAL OR INSTIT	TUTION (If not in ho		AL OCCUPATION (K	ind of work done	12b. KIND OF BUS	
Hagersto	wn	give 5 geet	West Fran	klin Stre	et during m	Housewif	e even if retired.)	Own Ho	me
130. USUAL RESIDEN	CE (Where deceosed	d lived if institution	Residence before 13	c. CITY OR TOWN	13d. INSIDE CITY LIMIT	TS? 13e. STREET	AND NUMBER		
admission) STATE	Maryland	13b. COUNTY Wash	nington H	agerstown	YES NO	653	West Fra	nklin Str	eet
14. FATHER'S NAME	First	Middle	Last			First	Middle	Los	
	George	W.	Domer		A	da	N.	Kend	all
160. WAS DECEASED EV	VER IN U.S. ARMED FD		SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS HAP	erstown,	
(Yes, ng, ar unknav	VII) (It yes give wo	or or dates of service)		Charl	es E. Gar	lock 653	W. Fran	klin Str	et,
18. CAUSE OF	F DEATH (Enter only	ane couse per line fo	or (a), (b), and (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL
PART I. [DEATH WAS CAUSED	BY. E CAUSE (a)	olonar	e cocc	sucin	c ho	el central	DETWEEN ONSET	AND DEATH
410		chose (d)	CONSEQUENCE OF				C	tren	00
	any, which gave	(h) (react of	- heme	e perican	leun		The same	Car
	fiote cause (o), (DUE TO, OR AS A	CONSEQUENCE OF						
last.)	(4)							
PART 2. OTHER	SIGNIFICANT CONDIT.	JONS CONTRIBUTING T	O DEATH BUT NOT REI	LATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN E	PART 1(o)		
4201	/	sas clin							
190. DATE OF C	PERATION	19b.	CONDITION FOR WHIC	H OPERATION				20. AUTOPSY	1?
DEL			WAS PERFORMED?					YES Z	NO []
210. EXTERNAL	CAUSE WAS	21b. TIME OF INJUR	RY Month, Day, Year	21c. HOW INJU	RY OCCURRED (Enter	nature of injury in	n Part 1 ar Port 2,	1.30	
PRIMARY OF DEAT	R CONTRIBUTING	HOUR A.M.	19					290	
21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (At ha	me, farm, street,	21f. LOCATION	Street or R.F.D. No.	City or	Town	County	Stote
WHILE AT WORK	OT WHILE facto	ory, office building, etc	c.)			100			
		ak charge of the re	emains described o	abaya hald an	Autoney	Inspection	Inquiry [7 and in m	y apinian
	sulted fram:		Accident [T. Hamicide		rmined manner		y apiman
dediti le	Sofied Hairi.	individi caoses	, Accident [, Joicide [mined manner		
ACTUAL	30000	0 0.	0/1/00 7	~	CHIEF MEDICAL EXA		225 DAT	E SIGNED	
SIGNATURE	- comar	C W. X	Jeer Cont.	M.D.	ASSISTANT MEDICAL E		1	1. 12.62	
EXAMINER'S NAME (Type)	E. W. Di	tto, III,	M.D.		ADDRESS(Street, cit	ty, town, or county	217 W. V	vashington	1 St.
23o. BURIAL CREMA		DATE	23c NAME OF CEN	METERY OR CREMATO	RY	23d. LOCATION (tate)
REMOVAL (Spec	tify)								
24. FUNERAL DIRECT		2/23/68	ADDRESS	oro Ceme	2Sa. REC'D B	Y REGISTRAR	25b. REGISTRAR	ington, M	d
		440 37 34	110011033		ore	2 3 1968		les Judge	6
John H.	Bast, Jr.	. 112 N. M	Main St.,	Boonsbor	MAIDEO	2 0 1000	1	0	



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The second second	14	d. Win Son. Bornet	SHE WE STREET	.H mdob

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18		3	MED	ICAL EXAMI	NER'S	CERTIFI	CATE	OF DE	ATH		18358	8
1. DECEASE		Fi	rst	Middle	011		Lost	144		20. DATE KNOWN Month	Doy Yeor	2b. HOUR
(Түре о	r Print)	Mei	rvin	Clarer	ice		Brow	m		OF ESTI- DEATH MATED 12	17 1868	35M
3. SEX ma.		4. RACE White	S. DATE OF 1-26	-1898 6.	AGE (In year		ER 1 YEAR DAYS	IF UNDER HOURS	24 HRS MIN	2c. DATE PRONOUNCED DEAD Month Doy 7	Yeor 1963	2d. HOUR
7o. BIRTHP	LACE (Stote	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. 1	MARRIED X	NEVER MAI	RRIED 🗌	9. COL	INTY OF DEATH		
West	Vir	ginia	US	A	W	IDOWED [DIVO	RCED		Washington		Md.
10. CITY OF				NAME OF HOSPITAL O						CCUPATION (Kind of work done	12b. KIND OF BUS	
The second		ersto		sh. Count				during	most	f working life even if retired.)	ircraf	t Mfg.
130. USUA odmissio	L RESIDENC on) STATE	E (Where dece	osed lived, if inst	Wash.	fore 13c. C	or town	own	d. INSIDE CITY		13e. STREET AND NUMBER 829 Chestnu	ıt,St.	E.R
14. FATHER	'S NAME	First	Mid	dle L	ost	15. MOT	HER'S MAI	DEN NAME	First	Middle	los	st
		Willi	iam L.	Brown					Mar	ry E. LeMaste	er	
(Yes. no.	ECEASED EV or unknow es	ER IN U.S. ARMEI (If yes of	D FORCES? ve war or dates of service	16b. SOCIAL SECURI 234-24-		17. INFORM		th E	Brov	ADDRESS vn Hagerstowr	n,Md.	
18.	CAUSE OF	DEATH (Enter of	only one couse pe	r line for (a), (b), and	(c).)	,					APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
	PART I. D	EATH WAS CAUS	SED BY: DIATE CAUSE (o)	Tortal	Cu	ri ha	Pai		Ma	eled Ascite	6-1	12 Hec
5	718		1-1-	OR AS A CONSEQUENCE	OF	1 62		.01	70			
		nγ, which gove iote couse (a),	(b)_	4 Hs	char	ic &	all	url	,	WITT	45h	1
	ng the un	derlying couse		OR AS A CONSEQUENCE	FOF	6	fula	CP	r.ei	monia	726	in
15	2. OTHER S	IGNIFICANT COM	NDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATI	ED TO THE TE	RMINAL D	ISEASE OR (CONDITIO	ON GIVEN IN PART 1(0)		
210.	DATE OF O	PERATION		19b. CONDITION FO WAS PERFORM		OPERATION					20. AUTOPS	NO 🗆
₹ PRIM	EXTERNAL (MARY OI SE OF DEAT	R CONTRIBUTING		OF INJURY Month, Doy, A.M. P.M.	Yeor	21c. HOW	INJURY OC	CURRED (En	nter notu	ore of injury in Port 1 or Port 2, 19		
210.	INJURY OCC	CURRED 21e	e. PLACE OF INJUR' foctory, office buil	(At home, form, stre ding, etc.)	et,	21f. LOCATI	ON Street	or R.F.D. No		City or Town	County	Stote
		certify that I sulted fram:	-	f the remains desc auses 🖳 Accid								ny apinian
	UAL NATURE 🖊	Schwa	el u	- DINO	TII,			EF MEDICAL ISTANT MED		AMINER 22b. DATE		
NA	ME (Type)		ard W. D	itto, III,	M.D.		DEP	UTY MEDICA RESS(Street	L EXAM t, city, to	own, or county) Hagersto	ashing to wn. Mary	on St.
Bu	IAL, CREMA OVAL (Speci rial	fy)]	b. date 12-21-6	8 Elmw	rood	Ceme	MATORY		She	Discourse of the control of the cont	(County) (S	(Stote) nia
	RAL DIRECT				DORESS			2So. REC'I	D BY RE	3 1968 25b. REGISTRAR'S	SONATORICE S	
Min	nich	Funer	ral Hom	e Hagers	towr	1, Md.		DATUE	6 4	3 1000 //	"	

VR A15ME (5) 10M REV. 1/68

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12-13-of Milmenon Concerv Shepherdstown, W. Tideldin

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dent C & Lane of the corrections. No. - 1 The Lane 2 1956

DIVIS

	ERTIFICATE OF DEATH		1833	59
Middle STUART	Lost BUSHONG SR.	20. DATE OF DEATH DECEMBER Month 22 Do	y 68 Year	2b. HOUR 6:18a
G WHTTP	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNOER 24 HRS

	ype or print)	First		Middle		Lost BUSHON	SR.		E OF DEATH CMBER Month 22	Doy	68 Ye	or	1 .	HOUR L8a
3. SE		EDWARD	4. RACE	STUART	4	S. DATE OF E		PECE	6. AGE (In year		F UNDER I		IF UNDER	
0. 3.	MALE		WHI	TE			10, 190)4	lost birthday		ONTHS	DAYS	HOURS	MIN.
70. (au		nte or foreign	7b. CITIZEN OF W		8. MARRIED WIDOWED	NEVER MA	RRIED		Y OF DEATH					M
10. 0	HAGER	OF DEATH	11. N give	AME OF HOSPITAL OR INS	STITUTION (IF		during r	JAL OCCUPA	TION (Kind of work king life, even if ret		12b. KII INDUST	ND OF B	W	
13o. odm	USUAL RESIDEN ission) STATE	ICE (Where decease ARYLAND	13b. COUNTY	tion: Residence before	13c. CITY OF BOONS		YES		e. STREET AND NUME R.F.D. #3					
14. 1	FATHER'S NAME	First	Middle	Lost		S. MOTHER'S A			Mic	ddle	DA	T 7 7 1	Lost	
		DANIEL	В	BUSHC			S	ALLY			RU	BIN	SON	
	es, no prunkno	EVER IN U.S. ARM own) (If yes give we	ED FORCES? or or dates of service)	220-34-01		INFORMANT RS. RAC	CHAEL 1	BUSHON	IG, BOONSBO	oress				
	PART I. I 5-7/ Canditians, if rise to imme	DEATH WAS CAUSED	BY: TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE OF	le after	Live	from	Rych	stopping we Varix	cal			ATE INTERV SET AND O	
	PART 2. OTHE	R SIGNIFICANT CON	5	ITING TO DEATH BUT N	OT RELATED T	O THE TERMIN	AL DISEASE OF	CONDITION	GIVEN IN PART 1(a)	ur				
CERTIFICATION	190. DATE OF C		. //	HICH OPERATION WAS PE	RFORMED	20a. AUT YES		10	Ob AF YES, WERE FINE HUSES OF DEATH?		ISIDERED	IN CES	RTIFYING	;
MEDICAL CER	OR CONTRIBUT	T WAS UNDERLYING CAUSE OF DEATH ify medical exomin	HOUR A.M. P.M.	Manth Doy Year	9				injury in Part 1 or 1	Part 2, Ite	m 18.)			
W		OCCURRED 21e. It while 1	PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. L	OCATION Stre	1		City or Town		Caunty			tate
	saw t	he deceased al	ive an	rended the decease (did not) view the	968, an	nd that in (r	, 19 <u>.</u> ny) <u>;(o</u> ụr) a	<i>G∠</i> , ta pinian dec	oth accurred and	the date	and h	that laur a	(I) (Wi ind fra	é) las im th
	22b. SIGNATUR		Lund.	to and	DEG	ATTEND REE PHYS	ING 🗔	MED.	STAFF D		TE SIGN			

PHYSICIAN'S NAME (Type) B EDSON MOODY

22e. ADDRESS 363 CLEVELAND AVE., HAGERSTOWN, MD.

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County)

BURIAL, CREMATION, REMOVAL (Specify) MARK'S ADDRESS

23b. DATE

18346

HAGERSTOWN, MARYLAND

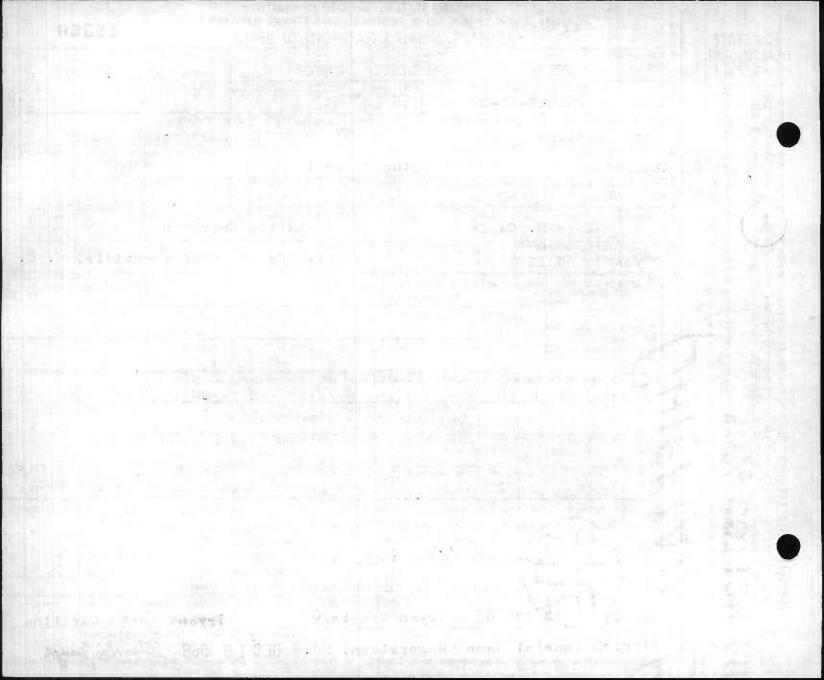
DEC 3 0 1968 2Sb. (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Alled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: Page should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs. VR A15 (4) 30M REV. 1/68

230.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

10M REV. 1/68



VR A15 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ite	em8 Film	G408 1/	/3/69 kk	C	ERTIFIC	TE OF DEATI	Н		1000	wife,
	CEASED-NAME ype ar print)	First		Middle		Last	2a.	DATE OF DEATH	ov - Xeor	2b. HOUR
		Walt	er	Rod	ney	Carey		12 Month 21 D	ay 6 gear	٨
3. SE.			4. RACE		2	DATE OF BIRTH		6. AGE (In years last birtheax)	IF UNDER 1 YEAR MONTHS CAYS	IF UNDER 24 HRS. HOURS MIN.
	male		whi			2-28-19		O / YRS		
7a. B caun	IRTHPLACE (State of try) Penna		7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED #	NEVER MARRIED DIVORCED		NTY OF DEATH ashington		Md
0. 0	ITY OR TOWN OF D	EATH	11. NAM	E OF HOSPITAL OR INST	ITUTION (If nat		JSUAL OCCU	JPATION (Kind of work dane		BUSINESS OR
H	lagersto	own	give-stre	Sh. Co.	Hospi	tal during	g mast af v	varking life, even if retired.)	INDUSTRY	
3a. admi:	USUAL RESIDENCE (Where decease	ed lived, if institution 13b. COUNTY	ash •	13c. CITY OR T	own 13d. INSIDE C	NO NO	13e. STREET AND NUMBER RFD # 2		S
	ATHER'S NAME	First	Middle	Last		MOTHER'S MAIDEN NAM	NE First	Middle		Last
		John S	Samuel C	arey		Sarah E		arhart		
16a.	WAS DECEASED EVI	ER IN U.S. ARM	ED FORCES?	6b. SOCIAL SECURITY N	D. 17. INI	FORMANT		Address		
Y	es, na, ar unknawn) yes	(It yes give w	or or dates of service)	197-09-9	582	Myrtle Co	oopei	r Hagerstp	wn, Md	
	PART I. DEAT O / /, / Canditians, if any, rise to immediat stating the under last.	H WAS CAUSED IMMEDIA , which gave e cause (a), rlying cause	DUE TO, OR AS (c)	for (a), (b) and (c). A CONSEQUENCE OF A CONSEQUENCE OF	um		lera			IMATE INTERVAL ONSET AND OBATH 1 Cuence
	PART 2. OTHER SI	GNIFITEANT CON	,-	NG TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERA	ATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	Ø	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT W. ar contributing (If either, natify n	CAUSE OF GEAT	G 21b. TIME OF I H HOUR A.M. P.M.	NJURY Manth Day Year 19	21c. HOV	V INJURY OCCURRED (E	inter nature	af injury in Part 1 ar Part 2	, Item 1B.)	XI.
	21d. INJURY OCCU While Nat what wark at wark	IRRED 21e.	PLACE OF INJURY (A			ATION Street or R.F.D.		City ar Tawn	Caunty	State
	22a. I certify saw the causes st	that (I) (thi deceased al ated abave	s haspital) atten ive an // @ ((I)) (we) (did) (d	ded the deceased 19 id nat) view the b	d fram /2- 28., and ady after de	that in (my) (aur) eath.	9 <u>68</u> , apinian c	ta Dec. 71 , 1 death accurred an the c	9 <u>68</u> , that late and hour	(I) (we) las and from the
	22b. SIGNATURE	300	heisle	pus	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 220	ec. 24,	1968
	22d. PHYSICIAN'S NAME (Type)	BIE	3. KNEist	EY.	AL, I	22e. ADDRESS 1486. Wa	aling to	St. Itage	istown	hes.
23a.	BURIAL, CREMATIO	N, 23b. I	ATE 2-24-68	23c NAME OF C		REMATORY emetery		LOCATION (City or Town)	(County)	(State)
24.	FUNERAL DIRECTOR Minni	ich Fu	neral H	ADDRESS ome Hag	J. 1	2So. REC	D BY REGIS	STRAR 2Sb. REGISTRAR	'S SIGNATURE	ye.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON

CERTIFICATE O

31	KEEL, DALIIN	NORE, MARTLAN	D ZIZUJ	00	100	C	
F	DEATH	THE COLLEGE	1	00	O	~	
					_		_

	ECEASED-NAME	First		Middle		Last		2a. DATE			0	2b. I	HOUR T
(1	(ype ar print)	Kath	ıryn	Percilla	а.	Conkl	ing	De	sc. Manth 29 D	196	8 0r	3:	50 M
3. SE	X	3.74	4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNCE		IF UNOER	
	Female		V	White		?	1875		last birthday) 93 YRS	MONTHS	DAYS	HOURS	MIN.
	BIRTHPLACE (State a	r fareign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY C					
caur	New York		USA	1	WIDOWED		ORCED 🗌	WASH	INGTON				Md.
H	ITY OR TOWN OF DI LAGERS TOWN	EATH N	gi. W		STATE	HOSPIT	during m	ast of working Houses			KIND OF ISTRY	BUSINESS	OR
13a. admi	usual RESIDENCE (1 issian) STATE Maryla			tutian: Residence befare		R TOWN	YES NO	MITS? 13e.	Route 2				
14. F	FATHER'S NAME	First	Middle	Last	1	S. MOTHER'S A	MAIDEN NAME F	irst	Middle			Last	
	Georg	e		Washburn			Ka	thryn					
16a.	WAS DECEASED EVE	R IN U.S. ARM	MED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT			Address	14.			
	es, na, ar unknawn)	(II yes give w	or or gallez or service)	None	V	<i>lestern</i>	Md. St	ate Ho	ospital Rec	eorde			
				r line far (a), (b), and (c).)	142	=//					NATE INTERV	
	PART I. DEATH		O BY: ATE CAUSE (a)	Hypertensi	ve art	eriosc	lerotic	heart	t disease	-11-17	13	CUS	
	4121	0		R AS A CONSEQUENCE OF							0	J DA	11.0
	Canditians, if any,		(b)	Generalize	d arte	rioscl	erosis			1			
	rise to immediate stating the under		DUE TO, O	R AS A CONSEQUENCE OF							11.77		
	last.	, mg (3030)	(c)		239			11.59			100		
	PART 2. OTHER SIG	SNIFICANT COL	NDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED 1	O THE TERMIN	AL DISEASE OR C	ONDITION GIV	VEN IN PART 1(a)			1.00	
z	443×												
CERTIFICATION	19a. DATE OF OPERA	ITION 19b.	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20g. AUT YES		CALIS	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDER	ED IN CE	RTIFYING	3
MEDICAL CER	21a. ACCIDENT WA	CAUSE OF OEAT	HOUR A.			IOW INJURY O	CCURRED (Enter	r nature af in	ijury in Part 1 ar Part 2	, Item 18.)		
ME	21d. INJURY OCCU While Nat whi at wark at war	k 🗆		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.					ty ar Tawn	Cauni	12		tate
	saw the c	deceased a	live on	ottended the deceose Dec. 29 d) (3636) view the	9 00, ar	nd that in (r	14, 19_6 ny) (56 r) opi	3_, to_ nian death	Dec. 29, 1 n accurred on the d	9 <u>68</u> ate and	, that I hour ((I) (arond fro	last om the
	22b. SIGNATURE	011.	Posei	meula!	M. ADEG			NED.	STAFF PHYS.	12/3	30/6		
	22d. PHYSICIAN'S NAME (Type)	Fe U	J. Porc	iuncula, M.	D.				Maryland Sta Ave., Ha				
	BURIAL, CREMATION			23c. NAME OF	CEMETERY OF	RCREMATORY		23d. LOCA	TION (City or Town)	(Cour	ity)	(State)
_ '	BEMOYAL (Specify)	1-	1- 69			emeter	y	Boot	nsboro, W	ish.		, Md	l
	FUNERAL DIRECTOR		40 32	ADDRESS			2Sq. REC'D B	Y REGISTRAR	2Sb. REGISTRAR	S SIGNAT	LRE .	40	
Jo	hn H. Bas	st, Jr	. 112 N	. Main St.	Boonst	oro. M	DANEAN	6 19	169 Julia	res	1	~	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending processed and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please temove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or ottending physician.

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		PATROT PRIV		Annual Control of the	
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				1907 HBB	80 °CO()
	1. 12(1)	ow_1 dicayN_adi	rdi . i da	· enoil	
			o friendless almus		
			40	SEAT NAME OF BUILDING	
•			2.		
	in or			and the analysis a	

Tohn F. Beet, Jr. 112 M. Wein St. Too sheet, M.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give, Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep

Health prior to buriol, cremation, or removal, and in any event within 72 haurs ofter death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MFI	DICAL FX	(AMINER'S	CERTIFICATE OF DEATH

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-3	8	-4	Show.	12
- 5	6 3	w 15	10.0	4

Charles Sylvester Coyle County of ball County County of ball County County of ball County C	\$ (3) (3) (4)	FUY	MEDIC	AL EXAMINER'S	CERTIFICATI	E OF DEATH			18363	
3 SEX 4. RACE SUPERIOR SUPERIOR 2. ADEE PRINTER 1. RACE 1. NOTHER 1. RACE 1. RACE	1. DECEASED-NAME								Doy Yeor	2b. HOUR
Male White Way 16,1920 Institution Mark 179. Mark 18	(Type of Timi)	Charle	4				DEATH N	ATED 12-2	7- 168	L P.
Make What 16_1920	3. SEX	4. RACE S	. DATE OF BIRT	TH 6. AGE (In last birthe	years IF UNDER 1 YEAR MONTHS DAYS				v	2d. HOU
B. RAHREA (Solde or foreign 70, CITIZEN LOW WHAT COUNTRY 8. MARRED NOW COURED Washington 120, KIND OF BUSINESS OR DIVORCED Washington 120, KIND OF BUSINESS OR DIVORCED 120, CITY OF TOWN OF DEATH 131, NAME OF HOSPITAL OR INSTITUTION ((in not, in hyperily large state) poddess) 120, CITY OF TOWN OF DEATH 130, USUAL KSIDENEK (Where deceased lived, it institution: Residence before) 130, CITY OR TOWN 130, DIRECT HOSPITAL 130, DIREC		White M	ay 16.	1920 48	YRS.	M Comment	12-		^{7edr} 68	5: 4i
COUTRY OF DOTA PEARLY OLTRY OF TOWN OF BEATH II. NAME OF HOSPITAL OR INSTITUTION (in no. in. pages 19) Against John Street St		e or foreign 7b. 0	ITIZEN OF WHA	AT COUNTRY? 8.						F.I
1. NAME OF HOSPITAL OR INSTITUTION (If not by hyspital) 1/20. USUAL OCCUPATION (Kind of work dome 1/20. MINO OF BUSINESS OF MODES) 1/20. MINO OF BUSINESS OF MODES 1/20. MINOR OF MUSIC 1/20. MI	eedusvil	le Md	USA		WIDOWED DI	VORCED 🔀		-		- 1
ST S. Potomac St	0. CITY O'R TOWN O	F DEATH	11. NA	ME OF HOSPITAL OR INSTIT	UTION (If not in hospit	120. USUAL OC	CUPATION (Ki	ind of work done	12b. KIND OF BUS	INESS OR
A. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Middle Middl			57 .	S. Potomac Si	t. (Colonia	6 9	row eur	20-6	Aircra	ft
4. FATHER'S NAME SULVESTED AND COULE SULVESTED ADDRESS Idageratown, I'd. ADDRESS Idageratown, I'd										otel
Sylvester MAN Coyle Glow Gl							57 8		Sto	
15. SOCIAL SCURITY NO 17. INFORMANT ADDRESS Adacerstown, Md. Address	14. FATHER'S NAME		Middle	Lost	1s. MOTHER'S M					
BLE CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Aspiration of vomitus Servetic wolf Mod DIAM PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Aspiration of vomitus Servetic wolf Mod DIAM Conditions, if only, which gove itse to immediate course (o), stoting the underlying course (b) (old and recent.) left eye, left shoulder, left.						Horen	ce			
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Aspiration of vomitus DUE TO, OR AS A CONSCIUENCE OF Multiple hematomas and bruises Conditions, if any, which gove its to immediate couse (o), stoting the underlying couse UST. DUE TO, OR AS A CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (b) Cold and recent) left eye, left shoulder, left. DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (conditions, if only shoulder, left.) DUSTOR ATA CONSCIUENCE OF Multiple hematomas and bruises (conditions, if only shoulder, left.) DUSTOR ATA CONSCIUENCE OF MUltiple hematomas and bruises (conditions, if only shoulder, left.) DUS						the Environment		ADDRESS Hag	erstown,	Md.
BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line tot (a), (b), and (c).	No	(11,703,900		214-16-086	Mrs. Carre	oll Uhler	1201 K	avenwood		
Description	1B. CAUSE OF	F DEATH (Enter only on	e couse per lin	ne for (o), (b), and (c).)						
Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost. (b) Cold and recent)left eye, left shoulder, left right back, right hip & right (c) leg. Fatty metamorphorsis of liver, marked. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CAUSE OF OPERATION 191. CAUSE OF OPERATION 191. CAUSE OF OPERATION 192. CAUSE OF DEATH 192. CAUSE OF DEATH 193. P.M. 194. CAUSE OF DEATH 195. CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. CAUSE OF OPERATION 197. CAUSE OF DEATH 198. P.M. 199. CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CAUSE OF OPERATION 191. CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 191. CONTRIBUTION GIVEN IN PART 1(a) 210. AUTOPSY? 211. DOCATION STREET OR REPORT OR REMAINER 212. LOCATION STREET OR REPORT OR REMAINER 223. LOCATION GIVEN TO TOWN COUNTY STOTE OR REMAINER 224. DATE SIGNED 125. RECO BY REGISTRAY 25b. REGISTRAY SIGNATURE 225. REGISTRAY 25b. REGISTRAY SIGNATURE 226. PUNERAL OR PART OR REMAINER 227. DATE SIGNATURE 228. PURPEAR OR REMAINER 229. PART 25b. REGISTRAY SIGNATURE 229. PURPEAR OR REMAINER 220. RECO BY REGISTRAY SIGNATURE 220. PURPEAR OR REGISTRAY TOWN.	PAKI I. I	IMMEDIATE C	AUSE (a) AS	piration of	f vomitus		Mark Street	Few n	inutes	
Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost. (b) Cold and recent)left eye, left shoulder, left right back, right hip & right (c) leg. Fatty metamorphorsis of liver, marked. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CAUSE OF OPERATION 191. CAUSE OF OPERATION 191. CAUSE OF OPERATION 192. CAUSE OF DEATH 192. CAUSE OF DEATH 193. P.M. 194. CAUSE OF DEATH 195. CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. CAUSE OF OPERATION 197. CAUSE OF DEATH 198. P.M. 199. CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CAUSE OF OPERATION 191. CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 191. CONTRIBUTION GIVEN IN PART 1(a) 210. AUTOPSY? 211. DOCATION STREET OR REPORT OR REMAINER 212. LOCATION STREET OR REPORT OR REMAINER 223. LOCATION GIVEN TO TOWN COUNTY STOTE OR REMAINER 224. DATE SIGNED 125. RECO BY REGISTRAY 25b. REGISTRAY SIGNATURE 225. REGISTRAY 25b. REGISTRAY SIGNATURE 226. PUNERAL OR PART OR REMAINER 227. DATE SIGNATURE 228. PURPEAR OR REMAINER 229. PART 25b. REGISTRAY SIGNATURE 229. PURPEAR OR REMAINER 220. RECO BY REGISTRAY SIGNATURE 220. PURPEAR OR REGISTRAY TOWN.	5.74	9	DUE TO, OR	AS A CONSEQUENCE OF MI	ultiple he	matomas an	nd bru	ises		
Stoting the underlying couse Ost Ore State Ost Ore State Ost			(b)(0]	d and recen	t)left eye	, left show	lder,	left		
Description Part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(o)	stoting the u		ordrea	ATA CONSTITUTION, 1	eft & righ	t back, rig	ght hij	% right	,	
19b. CONDITION 19c. External Cause was primary or contributing 21b. Time of injury month, Doy, Year Hours A.M. 19c. 19c. External Cause of Death 19c.		,	(c)]e	g. Fatty me	tamorphors	is of live	er, mai	rked.		
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DICAL EXAMINER: This certificate should be executed

TO DEPUTY

P.M3. Page haurs after death any delay is tem 18. Give Pages 1, 2, and 3 ta hent of

5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Sta 00 Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner VR A15ME [5] 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18364

	CALL THE PERSON NAMED IN	NAME AND ADDRESS OF THE OWNER, THE PARTY OF	
SECOLCAR	EVASSIBLEDIC	CEDTIFICATE	OF DEATH
MEDIC AT	EXAMINER'S	TERTIFICATE	UP DEATH

	ECEASED-NAME	Fire	st	Middle		7	Lost				onth Doy	Year	2b. HOUR
(Type or Print)	BLANC	HE	EDNA		CRAW	FORD)		OF ESTI- DEATH MATED	ec 1	18 196	8 3 KM
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	BIRTHPLACE (State			OF WHAT COUNTRY?		MARRIED	NEVER MA	RRIED 🔲	9. COUN	NTY OF DEATH			
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	ITY OR TOWN O			11. NAME OF HOSPITAL					UAL OCC	UPATION (Kind of work do	-na 12h	KIND OF BUS	SINESS OR
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	18. CAUSE OF	DEATH (Enter o	nly ane cause	per line for (a), (b), on	d (c).)			,				APPROXIMATE BETWEEN ONSET	
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CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITION I		OPERATION						20. AUTOPS	Y?
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II CE	21a. EXTERNAL	CAUSE WAS R CONTRIBUTING		ME OF INJURY Month, Do	, Year	21c. HOW	INJURY O	CURRED (Ent	er noture	e of injury in Part 1 or Part	t 2, Item 1	B.)	
MEDICAL	CAUSE OF DEAT	Н	lum l	P.M.	19								44.4
×	21d. INJURY OC		PLACE OF INJ	URY (At home, form, str	eet,	21f. LOCAT	ION Street	ar R.F.D. Na.		City ar Tawn	Co	ounty	Stote
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110	death re	sulted from:	Natural	causes 4, Acc	ident _], Suicid	e	Homicide	e 🔲,	Undetermined mon	ner 🔲		
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18365

TOK STATE				MEDI	CAL EXAM	HAFK 2 C	CKITICATE	OF DEAT				
HEALTH DEPT.		ECEASED-NAME Type or Print)	First A 1	bert	Nihis	le Ar	Davis		2o. DATE KI	CCTI -		2b. HOUR
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leath Sany delay Pages 1, 2, and 3 with farm PM3. Pages tate Department	3. 5		4. RACE White	S. DATE OF BI	13/13	6. AGE (In years last durited by)	MONTHS DAYS	HOURS MIN		ONOUNCED DEAD Day	2, Year 19 6:	2d HOUR
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Item 1 Office 1 and 2 after d	14. 1	ATTICK 3 NAME	Charle		Davis	1031	13. MOINER 3 MP			Norris	Las	N .
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2o. DATE OF DEATH

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> VR A15 (4) 30M REV. 1/68

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be executed within 24 hours ofter deoth

OR ATTENDING PHYSICIAN: The law requires that the death certificate

Manth 22 Doy 6. AGE (In years 4 RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 8. MARRIED NEVER MARRIED WASHINGTON 110000 WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY HAGERSTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CUTY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES Nost MOTHER'S MAIDEN NAME First Middle ERCE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove; rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from. 12-22 __19 68, and that i((my) (our) opinion death occurred on the date and hour and from the sow the deceosed give on couses stated above. (1) we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23b. DATE BURIAL, CREMATION REMOVAL (Specify) Cemetery Brownsville DATE C 3 0 19 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE

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1835	4	DIVISION	TOT VITAL RECORD	CERTIFIC					836	37		
DECEASED-NAME (Type or print)	First Grac	e	Middle Carrie	Dieh:	Last 1	1	2a. DATE O	DEATH 2 Manth 29 Day	68 Y	ear	2b. HOUI	
sex male		4. RACE white reign 7b. CITIZEN OF WHAT COUNTRY? USA		1		ov. 13, 1891		6. AGE (In years last birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER HOURS	24 HR
BIRTHPLACE (State or	r fareign 7			8. MARRIED NEVER MARRIED VIDOWED DIVORCED			9. COUNTY OF					
CITY OR TOWN OF DE	EATH		11. NAME OF HOSPITAL OR	INSTITUTION (If n	at in haspital	12a. US	SUAL OCCUPATION	(Kind af wark dane	12b. k		BUSINESS	OR

3. SEX	4. RACE		S. DATE O	F BIRTH	6. AGE (In years		IF UNDER 1 YEAR		IF UNDER	24 HRS.			
male	whit	te		Nov	. 13,	189	14	Jost birth	day) YRS.	MONTHS	DAYS	HOURS	MIN.
7a. BIRTHPLACE (State or foreign country) enna.	7b. CITIZEN OF WH		MARRIE	NEVER	MARRIED	9. 00	Wasl	DEATH hing	ton				Md
10. CITY OR TOWN OF DEATH Williamsport		ME OF HOSPITAL OR INSTITUTE TRANSPORT						(Kind af w life exen if DITE		12b. I INDU		BUSINESS	OR
13a. USUAL RESIDENCE (Where decease admission) STATE \mathbf{Md} .	ed lived, if instituti 13b. COUNTY	an: Residence befare 1		r TOWN	13d. INSIDE CI			REET AND N		imo	re	St	•
14. FATHER'S NAME First Harvey	Middle Senger	Last		IS. MOTHER'S	Barba	_	Peti	re	Middle			Last	
16a. WAS DECEASED EVER IN U.S. ARM Yes no, ar unknawn) (If yes give wi	AED FORCES? or or dates of service)	16b. SOCIAL SECURITY NO		Mrs.	Mildr	red	Becl		Address Fur	ıkst	OW	n. I	Md.
18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA	nv	ne far (a), (b), and (c).) Cachex									APPROXI	mate inter Inset and (VAL
(anditians, if any, which gave)	S A CONSEQUENCE OF		ad van	ned ser	nili [.]	ty							
stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF	ral	arter	iosclor	rosi	S						
PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED	TO THE TERM	INAL DISEASE	OR CONDI	TION GIVE	N IN PART I	(a)		9-1		

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N.	3	1	34 X												

3	19a. DATE OF OPERATION 110110 21a. ACCIDENT WAS UNDE	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO 🔀	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDE		IOW INJURY OCCURRED (Enter nature	e af injury in Part 1 ar Part 2, Item 18.)

(If either, natify medical e		none 19	none	0	-			
21d. INJURY OCCURRED While Not while		(AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.	21f. LOCATION	Street ar R.F.D. Na.	City	ar Tawn	Caunty	
at work at work	none				600	_		

22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 7 and that causes stated abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) four apinian death accurred an the date and have and from the 22c. DATE SIGNED

22b. SIGNATURE Har	old	RV.	he	ch	2 hop	DEGREE
22d. PHYSICIAN'S NAME (Type)	He	rold	R	Tri	tch.Jr M	D

Harold

ATTENDING PHYS. 22e. ADDRESS

MED. DIRECTOR

Potomac St Harerstown,

23a. BURIAL, CREMATION, REMOMAL(Specify)

23b. DATE 12-31-68

R. Tritch, Jr

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery 23d. LOCATION (City or Town) Hagerstown, (County) (State)

State

FUNERAL DIRECTOR

ADDRESS

REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Minnich Funeral Home Hagerstown, Md.

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 h **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely ***** directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban physician. Page 4 may be retained by the haspital or attending VR A15 (4) 30M REV. 1/68

after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO HOSPITAL

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I	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3368
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth	Day Yeor 2b. HOUR
oy is 3 to Poge		THE DEATH MATER 12	22 1968 3:3
ond 3 ond 3 M3. Po	3. 5	F W 11/23/68 lost birthday) MONTHS 20AYS HOURS MIN MORTH 22	Year 168 6:25
orm orm		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 0 LIASHINGTO	D N/ Md
hours ofter deoth frem 18. Give Pages 1, Office along with form land 2 with the State De ofter deoth.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life; even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
nours ofter deothem 18. Give Pag Office along with and 2 with the Ste	13a	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c AND ROWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Admission) STATE / 13b. COUNTY (145) . Hagers form YES NO 12 NO	gerstown
	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LER Last
per den zen zen zen zen zen zen zen zen zen z	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no failup known) (IT you grown was not acted of service) 16b. SOCIAL SECURITY NO. (17. INFORMANT) Eby - Hagers	town md
Pier III		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUFFOCATION DUE TO STEAM KETTLE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SHORT
execution and the second and the sec		466 X DUE TO, OR AS A CONSEQUENCE OF	INTERVAL
		Conditions, if ony, which gave rise to immediate cause (a), (b) ACUTE BRONCHITIS	SEVERAL DAY
should be en word "per to the Chief of the chief in ony ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ed the and and	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certific icote, writing be forword or do be used or ar removal,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
be est = i	ERTIFI		YES NO X
E 7 ≥ °	MEDICAL C	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	em 18.)
	W	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
NE Executed Page for rial,	10	22a. I certify that I toak charge af the remains described abave, held an Autapsy, Inspection K_, Inquiry	, and in my apinion
ose e rrector oined to bu		death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
TY please yy, please and direct operations and prior to be prior to be		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE	SIGNED
dry, nero		DEPUTY MEDICAL EXAMINER X	-22-68
TO DEPUTY DICA necessary, please est the funeral director. 5 may be retained TO FUNERAL DIRECTOR Health prior to buy		NAME (Type) DR. E.W.DITTO, JR. ADDRESS(Street, city, tawn, ar caunty)	
5 = = 0 = 0	1	2. STAVAL CREMATION 23b. DATE 23c. MAME OF TEMPTERY OF CREMATORY 23d. LOCATION (CITY OF TOWN) 270 AUGUST 23d. LOCATION (CITY OF TOWN) 250 AUGUST 250 AUGUS	(Caunty) (State)
VR A15ME (5)	24.		
10M REV. 1/68	-	40, Numer - Freencast 14 DATDEC 26 1968 folian	Chy Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18356 CERTIFICATE OF DEATH 18369 DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR within 24 haurs after death. (Type or print) December STERLING WALLACE **EDWARDS** 4. RACE 6. AGE (In years last birthday) 3. SEX S. DATE OF BIRTH IF LINDER 1 YEAR white male Oct.3.1900 detely filled in by th 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Balto.Co.Md. Washington U.S.A. DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) Washington PublicSch. Hagerstown Co.Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER cuted Route Vversvill in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last Sterling W. Edwards Delia Ennals Edwards physician on please and The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Rt.#2 Yes, na, or unknown) Mrs. Ellen W. Edwards . Myersville 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) prior ta the this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO F 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INITIRY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work TO FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from 12 1250. saw the deceased alive an 17 Use 19 6 and that in (my) (our) opinion death accurred an the date and hour and fram the shauld causes stoted obave, (I) (we) (did) (did-not) view the bady after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, shauld be 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State)

Olivet

VR A15 (4)

24. FUNERAL DIRECTOR . Myersville

Dec.19.1968 Mt.

REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Baltimore

Md.

funeral and 2 te death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers, Programation and in any event, within 72 hours.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18370

				-							
	ASED-NAME or print)	First GLENN	ERD	Middle MA N	EYLER	Lost		DATE OF DEATH CEMBEROR	1th 22 Do	1968	2b. HOUR
3. SEX	MA	.IE	4. RACE WHITE		S.	DATE OF BIRTH 1/3/19	03	6. AGE	(In years inthday) YRS.	IF UNOER 1 YEAR MONTHS DAYS	IF UNCER 24 HRS. HOURS MIN.
country		LVANIA	7b. CITIZEN OF WHAT	A.	WIDOWED 🗍	NEVER MARRIED	-	WASHII			Md
10. CITY	OR TOWN OF	RS TOWN		OF HOSPITAL OR INSTIT			Two To	PATION (Kind of	work done Rretired.)	A IRC	MINGS OR CO
130. USL odmissio	DAL RESIDENCE ON MAR	E (Where deceose YIAND	d lived, if institution:		AGERS	TOWN YES X	NO	13e. STREET AND		SPECT	
	HER'S NAME	First EDWA	Middle RD E	lost YLER	15. N	NOTHER'S MAIDEN NAI		GRA	Middle	MINER	Lost
16o. WA Yes, i	AS DECEASED E	(If yes give wa	r or dates of service)	12-10-09		ORMANT ISS ELAI	NE M	EYLEF		RSTOWN MD.	C E
Co	PART I. DE H27 nditions, if or e to immedi	ATH WAS CAUSED	one couse per line for BY: IE CAUSE (o)	consequence of		ear Fa	ailu	n		APPROX	COMMITE INTERVAL ONSET AND OEATH COLLEGE COLLE
× L	_	/	(c)			HE TERMINAL DISEASE 200. AUTOPSY? YES \(\text{YES} \)	~/		RE FINDINGS (ONSIDERED IN (ERTIFYING
MEDICAL 11)	or contribution either, notify	WAS UNDERLYING G □ CAUSE OF DEATH medicol exomine CURRED 21e. F	HOUR A.M. N	Nonth Doy Year				of injury in Port		Item 18.)	State
	a, I certif	y that (I) (thise deceased ali	haspital) attend ve an 2 (I) (we) (did) (did	ed the deceased	from / 62 and t	hat in (my) (our)	opinian d	tata_death occurre	d an the do	63, that ate and haur	t (I) (we) last and fram the
	b. SIGNATURE d. PHYSICIAN NAME (Type	DE	lom 1.0. W/	MA	DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF PHYS.	1 22c.	DATE SIGNED 123/	16
RE	JRIAL, CREMAT	土		23c. NAME OF CEA	METERY OR CR	CEM.	I	LOCATION (City of	rown	(County) WASH.	(Stote)
24. FUN	VERAL DIRECTO	Coren	wit He	ADDRESS	an		EC 3 (REGISTRAR'S	S SIGNATURE	dge

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requires that the death certificate be executed within **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta O FUNERAL DIRECTOR: After

30M REV. 1/68

DEGREE

couses stoted above, (1) (we) (did/(did nat) view the bady after death

22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYS.

Rest Havem Cemetery

PHYS

STAFF

23d. LOCATION (City or Town)

(Stote)

State

2b. HOUR

Lost

23a. BURIAL, CREMATION, CREMONAL (Specify) 24. FUNERAL DIRECTOR

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type

ADDRESS

2Sa. REC'D BY REGISTRAR DABEC 2 7

DIRECTOR

_1962, and that in (my) (our) opinion death occurred on the date and hour and from the

Hagerstown, Md. 2Sb. REGISTRAR'S SIGNATURE

(County)

22c. DATE SIGNED

Minnich Funeral Home Hagerstown, Md.

saw the deceased alive an 12/17

23b. DATE

12-24-68

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- David . Wastin

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AND COMPANY OF THE STREET COMPANY COMPANY CONTRACTOR OF STREET

Branch Commission of the state of the commission of the commission

ed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived,)f institution of the country of the coun	ion: Residence before admission)
a. SIAIE	clin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Pennsylvania C. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
Hagerstown l day Greencastle, Pa.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Washington County Hospital 14 Center Square	ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE Month OF	Day Year
(Type or print) Harry Edward Finafrock DEATH Dec. 7 70	968 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUI	NDER 1 YEAR IF UNDER 24 HRS.
M W WIDOWED DIVORCED May 3, 1914 54 yrs.	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 1 INDUSTRY	12. CITIZEN OF WHAT
Truck Driver Commercial Hauling Greencastle, Pa.	America North
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Frank B. Finfrock Bertha E. Dale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes give war or dates of service)	
No 164-16-5146 Medical Record	. INTERNAL DETRICEN
The second secon	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Massive intra-abdominal hemorrhage	12 hours
DUE TO_	
Conditions, If any, which (b) Rupture, abdominal aortic aneurysm	24 hours
gave rise to Immediate cause (a), stating the DUE TD	
underlying cause last. 45/ X (c) Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Pulmonary tuberculosis, bilateraly active 20a. ACCIDENT WAS UNDERLYING [] DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m. While - Not While factory, street, office bldg., etc.)	
	7.0
21. I certify that (I) (this hospital) attended the deceased from Dec. 6, 19689 to Dec. 7	1968, that (1) (we) last
saw the deceased alive on Dec. 7 1968, and that death occurred at 6:40M from the causes and	
	b. DATE SIGNED
M.D. PHYS. X DIRECTOR PHYS.	
22c. PHYSICIALY'S NAME (Dype)	
J. H. KEHNE, M. D. 1229 Ravenwood Hts. Hagers	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town to REMOVAL (Specify)	or county) (State)
Burial 12/10/1968 Parklawns Mem. Gardens Chambersburg,	Franklin Pa.
24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 1 25b. REGISTANT 1 25b. REGISTRAR 1	

VR AI5 (4) 20M 1/65 Divine Interpretation of the content · No resident and the state of mondarps. and many policy of the transfer Carbus Louise AND A THE PERSON OF THE PERSON with an analysis of the constraint of the same and the sa a of a advantage of the second respine Lagueria de l'action de la financia del la financia de la no alternated further one - total evidence of the partition without familiation workings. ation we have been a provided by Filedrick beingenicelt, billiograff motive

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by the funerol Poges I and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They blease remove carbon papers. Peges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. s ofter deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8373 CERTIFICATE OF DEATH

		ECEASED-NAME	First		Middle		Lost		20. DATE OF DEATH		2b. HOUR
	(1	ype or print)	Cha	rles	Mar	tin	Freed		December 31	.1968	1:35 PIM
	3. SE	X		4. RACE		. 2 1	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 2 HRS.
		male			whit	е	1-21-	1907	loss birthdoy) YRS.	MONTHS DAYS	HOURS MIN
	7o. E	BIRTHPLACE (State or f	oreign		F WHAT COUNTRY?	8. MA	RRIED X NEVER MARRIE	D 9.1	COUNTY OF DEATH		
	Ma	aryland			USA	WID	OWED DIVORCE		Washingtor	1	Md.
9	10. C	ITY OR TOWN OF DEAT			11. NAME OF HOSPITAL	OR INSTITUTIO	ON (If not in hospital		OCCUPATION (Kind of work dane	12b. KIND OF	BUSINESS OR Farmer
		Hagers			Wassel od Cou		lospital	truc	of working life, even if retired.)	Coope	rarmer rative
1	13a. odmi	USUAL RESIDENCE (Whission) STATE		l lived, if in: 13b. COUN				INSIDE CITY LIMITS	THE PROPERTY AND THE PROPERTY	7	
		MIC		1	wasii.		,	ES NO 🔀		ad	
	14. F		irst	Mide		tz	IS. MOTHER'S MAIDE		Middle	1	Lost
	1/-		hur N			DITUNO	Tag meanway	Jenn	ie F. Rudisil	. 1	
	Y-	es, no, or unknown)		or dates of service	16b. SOCIAL SECU 217-32		17. INFORMANT Mrs.Vire	ginia	Freed Hagerst	own, M	d.
					er line for (a), (b) gn	d (c).)	1/2/242 /	1/12 20	don't		MATE INTERVAL INSET, AND DEATH
		PART I. DEATH V		BY: CAUSE (o)	400018	1 40	10 Mile 4	ungr	110+60	15	1119
	1	4109 DUE TO, OR AS A CONSEQUENCE OF IAD I) a Afry HE wish DIDEASE II IN W									
		Conditions, if ony, which gove rise to immediate cause (a). (b)									
		stoting the underlyi		DUE TO,	OR AS A CONSEQUENC	E OF					
		last. (c)									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	190. DATE OF OPERATION 1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 2016 IF YES WERE FINDINGS CONS							Michaeles III de			
V	FICAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONS						NSIDERED IN CE	:R1IFYING		
^	CERTI	TES NO L							101		
	2.0	210. HOW HOOK! OCCORNED (Either individe of infully in Port 1 of Port 2, ifer							em 18.)		
1	MEDICAL	(If either, notify med	ED 21. D	ACE OF INIII	P.M.	ET. FACTORY.	21f. LOCATION Street or	PED No	City or Town	County	Stote
3		While Not while		DICE OF MOL	OFFICE BUILDING, ETC	. 7	CO)	K.F.D. NO.	city of fown	County	21016
4		220 certify the	nt (I) (this	hosnitaly	attended the dec	ensed fro	m 3-1	19/12	c. to 12 7/ 19/	that	(1) (wa) last
		sow the deg	ceosed oliv	e on /	10 28	1900	, and that in (my)		n deoth occurred on the dot	e ond hour	(I) (we) lost ond from the
		couses stote	ed obove,	(I) (we) (c	lid) (did not) view	the body	ofter deoth.				
		22b. SIGNATURE	add ,	Nal			DEGREE PHYS	MED.	C STAFF C 2	ATE SIGNED	
		22d. PHYSICIAN'S	100	P	1	37	DEGREE PHYS. 22e. ADDRES	DIREC	TOR PHYS.	240	1 11
		NAME (Type)	E	6.1	AYalis	AGI	317	(D-	COMMON M	12100	legly
	23a.	BURIAL, CREMATION,	23b. DA		-/		RY OR CREMATORY		3d. LOCATION (City or Town)	(County)	(Stote)
		REMOVAL (Specify)	1-3	-1969			en Cemete		Hagerstown, Mc		
		funeral director dinnich	Funer	a1 H		RESS		o. REC'D BY R		IGNATURE	48.
	•		- and	CT 11(me mage.	BUUN	D/	JAN 6	1969 /cuary	1	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18374

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) Manth Year 1968 Mallie Elizabeth 3. SEX 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS Temale May 30, 1882 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Washington Spring Valley Va WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street pddress)
Washington during most of working life, even if retired.) INDUSTRY Hagerstown Own Home Co. Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e, STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE Washinaton YES X NO 730 Summit Ave. Haaerstown 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Last Last Fielden Ellen Zilpha Daughn Anderson 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na. or unknawn) (If yes give war ar dates of service) 215-26-811491 Funk 415 Guilford Ave Hagerstown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO A 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC. While Nat while at wark 1964, ta. 22a. I certify that (I) (this haspital) attended the deceased from 12 19 & and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an_ causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. CHMIXOS 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (City or Town) 23a. BURIAL, CREMATION (Caunty) REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington-Md.

Hagerstown, Md.

DATE DEC 2

1968

VR A15 (4) 30M REV. 1/68

Rest Haven Juneral Chapel

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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18375

		CEASED-NAME First YPE or print) MAR	GARET	Middle Mary (GILFOR	D Lost	20. DATE O	Month Do	Yeor	2b. NOUR 2. 30
	3. SE	X	4. RACE			5. DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
		Female	Whit			Oct. 2, 19		59 YRS.	WOWING ONLY	IIIONS MIII
	o. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT			NEVER MARRIED	9. COUNTY O	F DEATH		
L		Maryxana	u. s. ,		WIDOWED		Wa	shington		Mo
		H agerstown	give stree	OF HOSPITAL OR INState oddress)	nor	during	Bostataste	N (Kind of work done g life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	3o. odmi	USUAL RESIDENCE (Where decedersion) STATE Marylan	sed lived, if institution:	Residence before	13c. CITY OR	town 13d. Inside of		TREET AND NUMBER	C+	ALTE
Е				lost			3 1	4 Chestnut	Si.	Lest
ı	14. r	ATHER'S NAME First Joseph	Middle			MOTHER'S MAIDEN NAM				Lost
ł	160	WAS DECEASED EVER IN U.S. AR		b. SOCIAL SECURITY!	/	FORMANT	Florence			cKenzie
ı	Y			16-22-542			C+1 F	544 Ches	tnut St	
ŀ						illiam P.			APPROXI	MATE INTERVAL
1		1B. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	FD BY:	or (0), (b), and (c).	/ /	Hemov	rstown	Md.	BETWEEN O	INSET AND DEATH
ł		1/2/9 IMMED	inte chose (o)		101101	1,0000	rage		160	eel -
ı		Conditions, if ony, which gove		CONSEQUENCE OF	on.				1 w	eek
I		rise to immediate couse (o),	(D) OD AS A	CONSEQUENCE OF	U11 •				_ ~	
ı		stoting the underlying couse lost.	DUE TO, OK AS A	CONSEQUENCE OF						
1		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION	G TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIV	EN IN PART 1(a)		
١		32/V	Monitorio Contribution	0 10 00000	OT REDITED TO	THE TERMINAL PIDENCE	J. CO. III. 1011 011	211 111 11111 1(0)		
ı	CERTIFICATION	190. DATE OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b.	IF YES, WERE FINDINGS (ONSIDERED IN C	ERTIFYING
1	IFICA					YES NO	CAUSI	ES OF DEATH?		
1	CERI	210. ACCIDENT WAS UNDERLY	NG 21b. TIME OF IN	JURY	21c. HO		- and	ury in Port 1 or Port 2,	Item 1B.)	
ı	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Month Doy Year		•				
	MED					ATION Street or R.F.D.	No. Cit	y or Town	County	Stote
1		22a. I certify that (1) (t	his haspital) attend	led the deceose	ed from _/	7-2 ,10	64 , to_		, that	(I) (we) las
		saw the deceased causes stated above	alive on ALO	-d	9 68, and	that in (my) (gur)	apinian death	accurred on the do	ate and haur	and from the
	Ų	22b. SIGNATURE	1/20			ATTENDING -	MED.		DATE SIGNED	18
1		Carle !	offly	w	DEGRE	E PHYS.	DIRECTOR	PHY5.	2-2-	60
		22d. PHYSICIAN'S NAME (Type) Char	Jes C. Sp	encer,	M.D.	22e. ADDRESS 145 S.	Prospe	ct St.		E.S.
ł	23o.		DATE	23c. NAME OF				ION (City or Town)	(County)	(Stote)
1			2/4/68			s Cemetery		mberland.	, ,,	' '
1	24.	FUNERAL DIRECTOR		ADDRESS		2So. PEC	DAY REGISTRAR	368 25b. ROOK PRAR'S		Lat.
		H. Wayne Ger	orge Cumbe	rland, M	arylan	d DATE	6 1	100	and June	0

deoth. 24 hours offer-To FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely fulled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing Poge 4 moy be retained by the hospital or ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Poneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires, that the death

Page 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 30M REV. 198

be executed within 24 hours ofter deoth.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18377

DECEASED-NAME (Type or print)	First Elmer	Middle Glen	lost Gunderman	December 1	1988 10 150 M				
3. SEX male	4. RACE	white	S. DATE OF BIRTH 11-30-18	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
7a. BIRTHPLACE (State or country) Pennsylva			ARRIED X NEVER MARRIED DOWED DIVORCED	9. COUNTY OF DEATH Washing	gton Md.				
10. CITY OR TOWN OF DEA Hagers		NAME OF HOSPITAL OR INSTITUTION of street address) Sh. County H	ospital 120. U	SUAL OCCUPATION (Kind of work do most of working life, even if retire CCOUNTANT	one 12b. KIND OF BUSINESS OR INDUSTRY TruitGrowers				
13o. USUAL RESIDENCE (Woodmission) STATE Me	here deceased lived, if instit 13b. COUNTY		city or town and inside city or town YES X		ley Pkwy				
	First Middle orge Gunder			argaret Voelk	el				
16a. WAS DECEASED EVER Yes, no, ar unknown)	IN U.S. ARMED FORCES? (If yes give war ar dates of service)	16b. SOCIAL SECURITY NO. 209-03-8024	17. INFORMANT A Mrs. Mary	Gunderman Hag	erstown, Md.				
	(H) (Enter only one cause per WAS CAUSED BY: IMMEDIATE CAUSE (a)		nhage from es	sophageal varie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 days				
Canditions, if any, rise to immediate stating the underly last. PART 2. OTHER SIGN	vhich gove (b) cause (a), ving cause (c) (c)	AS A CONSEQUENCE OF	itrhosis of	Pliver DR CONDITION GIVEN IN PART 1(0)	8,				
190. DATE OF OPERAT	Arteriosclerotic Cardiac disease - Nephrosclerosis 190. Date of operation 196. Condition for which operation was performed 12/8/68 Uper GT. hemorrhage YES NO & CAUSES OF DEATH? Arteriosclerotic Cardiac disease - Nephrosclerosis 200. Autopsy? 200. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
OR CONTRIBUTING [(If either, notify me 21d. INJURY OCCUR	dical examiner) P.N RED 21e. PLACE OF INJURY	i. Manth Day Year	21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Pa	rt 2, Item 18.) Caunty State				
While Not while at wark 22a. I certify the saw the decauses sta	nat (I) (this hospita l) at	ttended the deceased fro	om / 3 / 8 , 19 C, and that in (my) (ow)	68 ta 12/13	, 19 <u>68</u> , that (1) (we) last e date and haur and fram the				
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	D. Spul	ur. J. M.D.	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR DIRECTOR DIAGRAM	22c. DATE SIGNED 12/14/68				
23a. BURIAL, CREMATION,	23b. DATE 12-16-68	23c. NAME OF CEMET		23d. LOCATION (City or Town) Hagerstown,	(County) (State)				
24. FUNERAL DIRECTOR Minnich		ADDRESS e Hagerstow	25a. REC		PAR'S SIGNATURE				

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MARYLAND STATE DEPARTMENT OF HEALTH

LULY 1989 VILLEY DESCRIPTION

FOR STATE HEALTH DEPT.

any delay is 2, and 3 to Land 2 with the State Depa 8. Give Pages 1, Office along with farm DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

MARYLAND STATE DEPARTMENT OF HEALTH 18366 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MED

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ICAL EXAMINER'S	CERTIFICATE OF DEATH	1

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	ECEASED-NAME		First	Middle		Lost			20. DATE KNOWN	Month	Doy	Yeor	2b. HOUR
(1	Ype or Print)	Orp	ah	Auna		Hague	•		OF ESTI- DEATH MATED	- 1-	20	1968	12 0M
3. SE	X	4. RACE	S. DATE OF BIE	RTH 6.	AGE (In years	IF UNDER 1 YEAR	IF UNDER	_	2c. DATE PRONOU	NCED DEAD			2d. HOUR
f	emale	whit	e 4-19-	1883	85 YRS.	MONTHS DAYS	HOURS	MIN.	Month	Doy	Yeor	1968	12 AM
	BIRTHPLACE (Stot		7b. CITIZEN OF WI	HAT COUNTRY?	8. MA	RRIED NEVER MA	RRIED	9. COU	NTY OF DEATH				
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10. C	ITY OR TOWN O	F DEATH erstow		AME OF HOSPITAL OR		(If not in hospitol			CUPATION (Kind of working life, eye USEWIT		12b. KIND INDUSTRY	OF BUSIN	IESS OR
130.	USUAL RESIDEN	CE (Where de	ceosed lived, if institu				d. INSIDE CITY I		13e. STREET AND			-01110	
	dmission) STATE		13b. COUNTY	Wash.		erstown	YES N	10 🔲	1630	Dual	Hghv	vу	
14. F	ATHER'S NAME	First	Middle	lo	st	IS. MOTHER'S MA	DEN NAME	First		Middle		Lost	
	Be	njami	n Brown					Ann	a Gans				- 33
	WAS DECEASED EV es, no, or unknov		MED FORCES? give war or dates of service)	16b. SOCIAL SECURIT		7. INFORMANT	rene	Rom		DRESS	estor	vn. M	d
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		DEATH (Ente	r only one couse per I USED BY:	ine for (o), (b), and (().)	- / :	12	. /	./			EEN ONSET A	
	111		EDIATE CAUSE (o)	tspriati		Sastrug	Co	n Te	uta		Les	5/	hr.
	410	9	· ·	AS A CONSEQUENCE	OF SILCO	notary +	,					. /	
	Conditions, if o		(b)	Myo card		Inface	Less	+	Fracte	we.	2-	et du	Ch
	stoting the un			AS A CONSEQUENCE	OF	0					,	1	1.70
	lost.		(c) ~	it hen	cu-	distribution in					6	day	~
- 8	PART 2. OTHER	SIGNIFICANT C	ONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL D	ISEASE OR O	CONDITIO	N GIVEN IN PART 1	(o)			
z	4201												
ATIO	190. DATE OF C	PERATION		19b. CONDITION FOR		RATION			21211		20.	AUTOPSY?	
IFIC				WAS PERFORM	ED?							YES 🖳	NO 🗌
CE.	21o. EXTERNAL			INJURY Month, Doy, Y	eor 2	1c. HOW INJURY O	CURRED (En	ter notur	re of injury in Port	I or Port 2, 1	tem IB.)		
MEDICAL CERTIFICATION	PRIMARY 0 CAUSE OF DEAT		IG HOUR A.			Fell	. 1	hom					
MED	21d. INJURY OC		1e. PLACE OF INJURY (At home, form, stree	1, 2	1f. LOCATION Street	or R.F.D. No.		City or Town		County		Stote .
	WHILE N	OT WHILE	foctory, office building	ig, etc.)	1	630 Dual	Hirw	my	Hayers	four	Wast	L	Md
	220.	certify that	t I taok chorge af t	he remains descri	ibed abav	e, held an Auto	psy =	Ins	pection ,	Inquiry [], one	d in my	apinion
	deoth re	sulted fram	n: Notural cau	ses 🔄, Accid	ent .	Suicide ,	Homicid	le 🔲,	Undetermin	ed monner			
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	ACTUAL SIGNATURE	De Como	110 6	XXX0	OL		ISTANT MED			22b. DATE	SIGNED		
	EXAMINER'S		1 ** 5111			141.17.	UTY MEDICA			1 2	- 20 -	-62	
	NAME (Type)		rd W. Ditt	0, 111, M	L. D.	ADI	RESS(Street	, city, to	wn, or county)Ha	7 W. W	ashin wn M	gton	St.
230.	BURIAL, CREMA	TION,	23b. DATE			OR CREMATORY			LOCATION (City or			(Sto	ote)
	Buria	1	12-20-68	Bapti	ist C	emetery		Sm	ithfiel	d, Pe	nna.		
	FUNERAL DIRECT	OR			DRESS		2So. REC'I		SISTRAR 2Sb	. REGISTRAR'S	SIGNATURE		
MI	innich	Fune	ral Home	Hagers	town	Md.	DATEL	123	1968	Harris	cas yo	roge	٠.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18380 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Glenn Hartman A. Dec 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR last birthday) MONTHS male. white 4/30/09 YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED (country) Waynesboro Pa. U.S.A. DIVORCED [WIDOWED [Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress)
Washington County Hospital INDUSTRY Glideline Co. during mast of warking life, even if retired.) Hagerstown Machinist 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before X13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES X NO 🗌 Franklin Rouzerville Penna 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Last Harry Fisher Cora Hershey 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na. ar unknawn) (If yes give war or dates of service) 195-16-2878 Irene Hartman Rouzerville Pa. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 📑 NO [

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

1968, to 12-16, 1968, that (1) (we) last

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED

Manth Day Year P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

State County

While Not while at work 220. I certify that (1) (this hospital) ottended the deceased from 8-12 saw the deceased alive an 12-16

19a, DATE OF OPERATION

causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE

Welty

DEGREE

ATTENDING PHYS.

22e. ADDRESS

STAFF PHYS.

__1968, and that in (my) (our) apinion death occurred on the date and hour and from the

DIRECTOR

City or Town

22c. DATE SIGNED 12/17/68

PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION,

Dalton M. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Harbaugh!s

23d. LOCATION (City or Town)

998 Potomac Ave. Hagerstown, Maryland

(County) (State) Franklin Pa.

VR A15 (4) 30M REV. 1/68

director, page shauld be filed

death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy directar, page 3 shauld be detached far use as the burial-transit permit. Then

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be retained by the haspital ar attending physician.

law requires that the death certificate be executed within 24 haurs

FUNERAL DIRECTOR

M.D.

ADDRESS

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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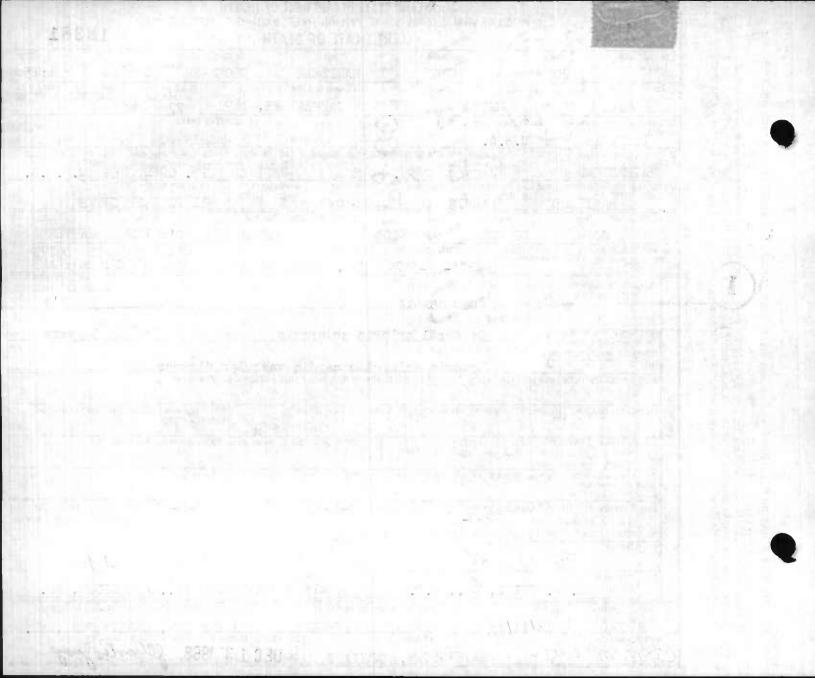
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

챙	al Des				CERTIF	CATE OF	DEATH					103	97	
(ECEASED-NAME Type or print)	First JOHN		Middle LEROY		Lost HARTZE			DATE OF CEMB	ER Month		68 Year	1:	HOUR 15pm
3. S	EX MALE		4. RACE WHI	TE		S. DATE OF JANU.	BIRTH ARY 15,	, 18	91	6. AGE (In slast birthd	years ay) YRS.	MONTHS DAYS	HOURS HOURS	R 24 HRS.
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			JA	street oddress) CKSON CONV ion: Residence before SHINGTON	13c. CITY		13d. INSIDE CITY			T. OF EET AND NU	MBER	DRIVE	M.R.	R.
14.	FATHER'S NAME	First	Middle MILTON	Lost	ELL	1S. MOTHER'S	MAIDEN NAME MAF	First RGAR	ET		Middle RIEN	HAR	Lost TZEL	L
160	n. WAS DECEASED EVE Yes, no or unknown)	R IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY 705-10-56	NO. 17	INFORMANT	RIE HAF		996	811 A	ddressFO RSTOW		DRIV YLAN	D
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	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	En!	Tio	JR., M.D.		GREE ATTENE PHYS.	DING D DDRESS 5 W WAS	MED. DIRECTO		STAFF PHYS. C] 1	2/9/68 STOWN,		
	BURIAL, CREMATION REMOVAL (Specify) FUNERAL-DIRECTOR		/11/68		HILL	OR CREMATORY CEMETE YT.AND		HA BY REGI	GERS STRAR	2Sb. RE	WASH	(County) ITNGTON SIGNATURE	,	e)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or emoval, and in any event, within 72 hours after death. VR A15 (40 8)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Dec. 22, 1968 A.M. DECEASED-NAME First Middle 2b. HOUR eath requires that the death certificate be executed within 24 hours after death Month 27_ Day Pu (Type or print) EARL HOLLINGER SAMUEL 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX JULY 30, 1896 MALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED signed by the ottending physicion and completely filled in buriol-transit permit. Then please remove corban papers. "PENNSYLVAN IA WASHINGTON COUNTY U. S. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Building Contractor HAGERSTOWN retired 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13b. COUNTY WASH. HAGERS TOWN YESK NO T 2377 PA. AVE. MD. Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Alice V. Sanders Samuel Hollinger 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 2377 Pa. Ave. Yes, no, or unknown) (If yes give war or dates of service) 01 843 2 A. Arabel Hollinger Hagerstown. APPROXIMATE INTERVAL BETWEEN ONET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: Conditions, if ony which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been for use os the 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO XX YES -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 10 12-22-68 19 _190__, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUI ATTENDING PHYS. DEGREE DIRECTOR director, page should be filed 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) Chester Cemetery 12/26/68 Chestertown, 'Md. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) (30M REV, 1/68 Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE			18383	;
HEALTH-DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Month	Doy Yeor	2b. HOUR
3 ta		Frederick Robert Hollingsworth DEATH MATED 12	11 1968	425 N
and de	3. S	M 9/28/46 last birthday) MONTHS OAYS HOURS MIN. Manth Day	Year 1968	2d. HOUR
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		Charles Hollingsworth Nettie	Reed	
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		164-34-1733 Mr. Robert F. Reed 514 W. 7th St	APPROXIMATE	INTERVAL
"pending" in lief Medical E		IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) Pneumonia, bilat. PART I. DEATH WAS CAUSED BY:	Sev. d	ANO OEATH
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ate shauld g the ward ed to the C s a burial-tr and in any		ost. (c) cervical trauma following an auto accide	ht 9/15	/68
ate g the ed t	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		1000
is certificate te, writing the farwarded te used as a remaval, and	NO	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION	20. AUTOPSY	2
e, writifarwar farwar emaval	CERTIFICATION	WAS PERFORMED?	YES X	NO 🗍
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ICAL EX execut tar. Pag ed far y CTOR: Pe		22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry,		/ opinian
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner		
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	04	REMOVAL (Specify) Burial 12/13/1968 Burns Hill Waynesboro, Frank		nna.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR be executed within 24 hours after death. and campletely filled in by the funeral remove carban papers. Pages 1 and 2 in any event, within 72 haurs after death. HOOGERWERF 12.9.618th JOHANNES (Type or print) MC 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR IF UNDER 24 HRS. DEC.23, 1891 last birthdoy) HOURS MALE WHITE 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED COUNTRY U.S.A. WASHINGTON DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) INDUSTRY HOME HANCOCK 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY, YES V NO N.PENNA.AVE. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle NOT KNOWN NOT KNOWN edse and certificate HANCOCK 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. ar unknawn) N. PENNA XVE. 066.07 1164 SERENA HOOGERWERF 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ETWEEN ONSET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) crematian, Conditions, if ony, which gove burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES [NO 🗆 this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) by the haspital Month Day Year OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. af (If either, natify medical examiner) P.M detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from 6/7/5/19, 19, to 6/7/60, 19, that (I) (we) last saw the deceased alive on 10/32, and that in (my) (dur) opinion death occurred on the date and hour and from the be retained should causes stoted obove. (1) (we) (did) (did nat) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED. ATTENDING STAFF PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) directar, shauld b 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 12.13.68 Lee's Cremaory Washington, 20002 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after O FUNERAL DIRECTOR: After this certificate has been signed by VR A15 (4) 30M REV. 1

gcuted within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md BAIL

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Folia d. Best, dr. 117 M. Pate St. Sponsonre, Ma.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			- (EKIIFICA	E OF DEA	ин		1039	57
1. DECEASED			Middle		Lost		DATE OF DEATH		2b. HOUR
(Type or	print) Wand	la J	rlene	Jamis	on	D	ecember 2	9. Doy 1 968 or	2:00A A
3. SEX		4. RACE		S.	DATE OF BIRTH		L ACT III	I SE HINGER I VEA	R IF UNDER 24 HRS.
Fema	le	White	LL ST		une 19,	1916	lost birthdo	YRS. MONTHS OA	YS HOURS MIN.
	ACE (State or foreign	7b. CITIZEN OF WHA	AT COUNTRY?		NEVER MARRIED		JNTY OF DEATH		
Roxpe	rry, Md.	U. S. A.		WIDOWED	DIVORCED [_	ashington		M
	TOWN OF DEATH	11. NA/	ME OF HOSPITAL OR INST	ITUTION (If not in	hospitol 12	o. USUAL OCC	UPATION (Kind of wor		OF BUSINESS OR
Hage	rstown	give st	reet oddress) hington Co	. Hespi	tal du	ring most of	working life, even if re	etired.) INDUSTRY	Home
13o. USUAL	RESIDENCE (Where deceo	sed lived, if institution	n: Residence before	13c. CITY OR TO	VN 13d. INSI	OE CITY LIMITS?	13e. STREET AND NUA		
admission) Mary	STATE 1 and	13b. COUNTY Washir	eton	Hagers	YES	NO 🙀	Rfd. 3		
14. FATHER'S		Middle	Lost		THER'S MAIDEN N	NAME First		liddle	Lost
	George	R.	Baker			Ida	Pe	arl	Long
160. WAS D	ECEASED EVER IN ILS ARE	MED FORCES?	16b. SOCIAL SECURITY NO). 17. INFO	RMANT			dress	20.15
Yes, no, o	or unknown) (If yes give	war ar dates of service)	212_38_91.7	72 Mr.	Harvey	I. Jem	ison, Rfd.	3 Hagar	etown M
-	NUSE OF DEATH (Enter or	ly one souse ner line	(as (a) (b) and (d)			V - V - SAN	*****	APPK	CUXIMATE INTERVAL
10. CA	ART I. DEATH WAS CAUSE	n by	e for (o), (b), ond (c).)					BETWEE	EN ONSET AND OEATH
	IMMEDI	ATE CAUSE (o)	ac	ute pul	monary e	deme			
14	129		A CONSEQUENCE OF		U				
Condit	ions, if ony, which gove		A CONSEQUENCE OF	Com		lan made	On 17		
rise to	immediate couse (a),	(D)		0011	gestive	neart	lallure		
	the underlying couse		A CONSEQUENCE OF		100000000000000000000000000000000000000				
lost.		(c)	Ar	teriosc	lerotic	hoart	disoase	11000	
PART	2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	NG TO DEATH BUT NOT	RELATED TO TH	F TERMINAL DISEA	SE OR CONDITI	ON GIVEN IN PART 1(o)	1	
42	00 ronal								
0			TH OPERATION WAS PERF		20o. AUTOPSY?		20b. IF YES, WERE FIN	NDINGS CONSIDERED IN	CERTIFYING
E .	none	_				NO 🗔	CAUSES OF DEATH?		
210 A	CCIDENT WAS UNDERLYIF	NG 215 TIME OF	INITIPY	214 HOW			e of injury in Port 1 or	Part 7 Itam 181	
₹ □ OR C	ONTRIBUTING CAUSE OF OEA	TH HOUR A.M.	Month Doy Yeor		MONT OCCORNED	(Line) holon	e or milary in control	1011 Z, 118111 10.)	
台 (If eith	er, notify medical exami	ner) P.M.	none 19	non	9				
	NJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCAT	ON Street or R.	F.D. No.	City or Town	County	Stote
ot work	Not while of work	none			_		-	-	-
22g.	I certify that (I) (th	is hospital) atte	nded the deceased	fram A	10	19 67	ta Dec	. 19 68 . th	at (I) (way la
	I certify that (1) (the	live on	c 29 19	68 and th	of in (my) (a)	in aninian	death accurred on	the date and hou	ur and from th
	causes stated abav	e. (I) (welt(did) f	did not) view the b	ody ofter dea	th.	apinian	addin accomoa on	inc dare and not	or and from in
	GNATURE							22c. DATE SIGNED	
	Harred M'	1 ratio	or m	DEGREE	ATTENDING 5	MED.	R STAFF PHYS.	12/30/	/
004 0	HYSICIAN'S	70000	1-	DEOREE	PHYS. 22e. ADDRESS	DIKECIO	K L PHYS. L	14301	68
	IAME (Type) Haj	cold R. Ti	citch, Jr M	D		302 N.	Potomac S	t Hagerst	own, Md
23o. BURIAI	L, CREMATION, 23b.	DATE	23c. NAME OF CE	METERY OR CRE	MATORY	23d.	LOCATION (City or Tov	vn) (County)	(Stote)
	(A) (C 'C)	2- 31- 68	Cedar La	awa Memo	rial Pa		agerstown,		, ,
24. FUNERA			ADDRESS		2So. 1	REC'D BY REGI	STRAR 2Sb. REG	SISTRAR'S SIGNATURE	
John	H. Bast, J.	r. 110 M	Main C4	Page -1 -	A PERTE	IANC	A.	Charles Jo	edge.
OTHE	AL MOSU, U.	114 N.	marin 96.	POOIT200	ro Ment	THILD	DOD /		(6)

funerol 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carban papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death-eatificate be executed within 24 ho<u>urs af</u>ter deoth. Page 4 may be retoined by the hospitol or attending physicion.

VR A1544) 30M REV. 1/68

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es 7212-36-01/22 Ho. Horway b. Jestson, Mis. J. Hagorston, Mi.

ESOTA OFFICE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. DECEASED-NAME First

Jesse

CERTIFICATE OF DEATH

Lost

20. DATE OF DEATH Manth 3 Day 7 968eor Dec.

6. AGE (In years

last birthday)

8	3 (70
		2b. HOUR
		12:10/
		m
	1F	UNDER 24 HRS.

200

HOURS

Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? country) TISA

4. RACE

Nov. 2, 1883 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED |

Kendall.

S. DATE OF BIRTH

Washington Co. 12a. USUAL OCCUPATION (Kind of work done

during mast of warking life, even if retired.)

Blacksmith

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

10. CITY OR TOWN OF DEATH Hagerstown Washington County Hospital

Md.

(Type or print)

3. SEX

13b. COUNTY Md. Wash.

Middle

Smithsburg

YES NO X 1S. MOTHER'S MAIDEN NAME First

13d, INSIDE CITY LIMITS?

13e. STREET AND NUMBER RD # 2

Railroad

14. FATHER'S NAME

admission) STATE

William

Kendall 16b. SOCIAL SECURITY NO

Last

17. INFORMANT

Margaret

Lost Brunner

16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service)

First

705-10-45984 Mrs. Eva M. Smith.

Middle

Joseph

Address Chewsville.

Middle

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Cardiac arrest due to ventricular arrhythmia

11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital

DUE TO, OR AS A CONSEQUENCE OF (b) Myocardial infarctions

DUE TO, OR AS A CONSEQUENCE OF

give street oddress)

(c) Arteriosclerotic cardiovascular disease

2 vears

BETWEEN ONSET AND DEATH

instant

10 vears.

stating the underlying couse:

Canditions, if ony, which gove)

rise to immediate cause (a),

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

19g, DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

8-14

20g. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)

HOUR A.M. Month Day Year

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

NO 129

City or Town

19 54 to 12-3

Caunty State

While Nat while at work

220. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 12-2 19 68 and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

ATTENDING

DEGREE

MED. DIRECTOR

Smithsburg, Maryland 21783

Smithsburg

22c. DATE SIGNED 12-3-68

22d. PHYSICIAN'S NAME (Type)

22b. SIGNATURE

Charles F. Hess, M.D. 230. BURIAL, CREMATION 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery 23d. LOCATION (City or Town)

(County) Wash.

(Stote) Md

REMOVAL (Specify) Dec. 24. FUNERAL DIRECTOR ADDRESS Minnich Funeral Home, Smithsburg, Md.

PHYS.

22e. ADDRESS

25d. REGISTRAP 968 25b. REGISTRAR'S SIGNATURE DATE

holetely filled in by the fu e aarbon papers. Poges I vent, within 72 hours affer event, гевроче and in any physician green signed by the attending physiburial-transit permit. Then pl burial, crematian, ar remaval, the has been TO FUNERAL DIRECTOR: After this certificate director, should b

certificate be executed within 24 hours after death.

requires that the death

funerol 1 and 2

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VR A15 (4) (

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the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner Office along with farm necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

O FUNEKAL DIRECTOR: ruge a straugu of account of any event within 72 haurs after death.

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18389

		MEDICAL EXAMINER	3 CERTIFICATE OF	DEATH	10000
1. DECEASED-NAME (Type or Print)	First	Middle	Last	2a. DATE KNOWN Manth	Day Year 2b. HOUR
(Type of Pilli)	MARY	ELIZABETI	H KLINE	DEATH MATED De	C 29 19 683 70M
3. SEX 4.		DATE OF BIRTH 6. AGE	(In years IF UNDER 1 YEAR IF UN irthday) MONTHS QAYS HOUR	IDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
Female	White De		7 YRS.	mullin Day	68 Year 19 5 M
a. BIRTHPLACE (State a			. MARRIED NEVER MARRIED		
Maryla Maryla	and 1	U.S.A.	WIDOWED DIVORCED	Washington	Md
O. CITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL OR INS		a. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
Funksto	wn.	give street address)	an S+	ring most of working life, even if retired.) Housewife	Home
	(Where deceased live	ed, if institution: Residence befare	13c. CITY OR TOWN 13d. INSIDE C		Home
Marylan	d 136	ashington Fun	kstown YES K	NO 10 West Popla	er St
4. FATHER'S NAME	First	Middle Last	15. MOTHER'S MAIDEN NA		Last
Fred	d Feigle	v	Man	v Green	
6g. WAS DECEASED EVER	IN U.S. ARMED FORCES?	7 16b. SOCIAL SECURITY NO). 17. INFORMANT	ADDRESS	
(Yes, ga, ar unknawn)	(If yes give war or dat	tes of service) 214+09-4858		e 1635 Timberlan	10
		cause per line far (a), (b), and (c).)	Hager	stown Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TH WAS CAUSED BY:	12			BETWEEN UNSET AND DEATH
4714		DUE TO, OR AS A CONSEQUENCE OF	millia 3	econdary for	7-10 day
Canditians, if any			In l/ yeur		1 days
rise ta immediat	e cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	The production of		
stating the unde	Tlying cause	70L TO, OK AS A CONSEQUENCE OF			
PAPT 2 OTHER SIG	NIEICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT F	DELATED TO THE TEDMINAL DISEASE (OD CONDITION CIVEN IN DADT 1(a)	
Larse	Week to al	E Herrica	KEENIED TO THE TERMINAL DISEASE (SK CONDITION GIVEN IN FAKT I(U)	
190. DATE OF OPER		19b. CONDITION FOR WI	HICH OPERATION		20. AUTOPSY?
A I		WAS PERFORMED?			YES NO TO
19a. DATE OF OPER	JSE WAS 2	1b. TIME OF INJURY Manth, Day, Year	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	
PRIMARY OR CO CAUSE OF DEATH 21d. INJURY OCCUR	ONTRIBUTING [HOUR A.M. P.M. 19	STATE OF THE PARTY		
21d. INJURY OCCUR	RED 21e. PLACE (OF INJURY (At hame, farm, street,	21f. LOCATION Street or R.F.D.	. Na. City ar Tawn	Caunty Slate
WHILE NOT A	MHILE factory, a	ffice building, etc.)			
		Calmana de la Calmana	d above held as Automot	I lead the leading C	To the last the second section of
		narge of the remains described			ond in my opinion
death resu	ram: Na	tural causes 📑 Accident		icide, Undetermined manner	
ACTUAL	.0 . 0	116 +16		CAL EXAMINER	ECICAIED
SIGNATURE	course	WOW	111.5.	MILDICAL EXAMBINER	-30-6t
EXAMINER'S NAME (Type)	Edward W	DittoiiiM.D.		reat city town or county 217 W	Washington ST
23a. BURIAL, CREMATIO	F		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	town. Ed.
REMOVAL (Specify)					(/
24. FUNERAL DIRECTOR	H ages	Stown Md. ADDRES	ill Cemetery	Hagerstown Wa	Sh Co Md
		nan Funeral Ho	ome Inc	1.40/	Nas Cudal
		ramerat U(ome Inc DATE	AN 6 1969 yellar	1

VR A15ME (5) 10M REV. 1/68

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending poysician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permits then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18390

						AIL OF DEATE	•			
		CEASED-NAME Firs	Grady	Middle	Kr	app APP	2a. DATE O	December Do	15 Year	2b. HOUR 230 A.M
	3. SE	X	4. RACE		7,7	S. DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		male	wh	ite		Sept.1,19	04	64 birthday) YRS.	MONTHS OAYS	HOURS MIN.
		IRTHPLACE (State or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	X NEVER MARRIED	9. COUNTY O	F DEATH		
1	caun	W. Va.	U. S	. A.	WIDOWED		Wash	ington		Md.
7	10. C	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR IN give street address)		direct and		(Kind of work done		F BUSINESS OR
1		agerstown	1	washingtor	1 Co.F			dife, even if retired)	r GenL	abor
1	a desi	USUAL RESIDENCE (Where deceasion) STATE	sed lived, if ins	TV				reet and number oute # 2		
I	14 0	Maryland ATHER'S NAME First	F'red Midd			ATTIA	11	Middle		Last
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ł										KIMATE INTERVAL
١		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	10		Edem			BETWEEN	ONSET AND DEATH
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1		Canditions, if any, which gave	DUE TO,	OR AS A CONSEQUENCE OF Hyper Tor OR AS A CONSEQUENCE OF	/	1 . 1	+	1. T. 11	- "	
		rise ta immediate cause (a),	(b).	Hyper (or	sive	ana A	reriose	lergic It	ear 9	ears
		stating the underlying cause	DUE TO,	OR AS A CONSEQUENCE OF				assease		
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4	FICATION	190. DATE OF OPERATION 196	nic.	1	Tis	and pa 20a. AUTOPOT?	lmana 20b.		considered in	CERTIFYING
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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SEX FEMALE 70. BRINHPLAC (State or foreign country) 70. BRINHPLAC (Sta			e or print)	MARY	F	RANCES	LESHER	DECEM	BER 25	19680	9:30%
The country	3.	. SEX			4. RACE		S. DATE OF BIRTH		A ACE (In years		IF UNDER 24 HRS.
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MARYTAND U.S.A. WIDOWED WORSTON 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (Heat in hospital) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 131. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 132. NAME First 134. FAIRERS TAWN 135. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 137. WASHTOCTON 138. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 137. WASHTOCTON 138. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 139. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 139. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lack city or Town 144. FAIRERS TAWN 145. TAWN First 144. FAIRERS TAWN 155. WASHTOCH 156. WAS DECEASED VER IN U.S. ARMED FORE(S?) 160. WAS DECEASED VER IN U.S. ARMED FORE(S.) 160. WAS DECEASED VER IN U.S. ARMED FORE(S.) 160. WAS DECEASED VER IN U.S. ARMED FORE(S.) 160. WAS DECEASED VERSION WAS DECEASED VERSION WAS DECEASED VERSION WAS DECEASED VERSION WAS				foreign 7b				9. COUNTY OF	DEATH		
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The contribution of the underlying cause of death (if either, notify medical examine) 10th Top	7									HO	ME
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost			on) STATE	vnere deceosed			WEE E	7 110			
JOHN CYRUS MOORE AMANDA GROVE	/ =	A EAT					THORID TOWN	171			Lest
16b. SOCIAL SECURITY NO. 17. INFORMANT 1	- 1	4. IAI					13. MOTHER 3 MAIDEN		Middle	CDOIM	LUSI
NONE	1	160. W					O. 17. INFORMANT	AMANDA	Address		VI.TAT
18. CAUSE OF DEATH (Enter only one couse per line, for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) LINE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (g), stating the underlying cause (so.) Stating the underlying cause (so.) Stating the underlying cause (so.) PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOR RELATED TO THE IERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) PART 2. OTHER SIGNIFICANT, CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING While Contributing Cause or data (if either, notify medical examiner) PAGE 1. OR AS A CONSEQUENCE OF 210. ACCIDENT WAS UNDERLYING PORT OF THE SIGNIFICANT OF THE IERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) ACCIDENT WAS UNDERLYING PORT OF THE SIGNIFICANT OF THE IERMINAL DISEASE OR CONDITION OF THE IERMINAL DISEASE OR CONDIT		Yes,	no, ar unknawn)					PTOVC			MIA
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Stating the underlying cause Color	H				/L)	A CONSEQUENCE OF	Sie	my		5	t-gu
ST. STAFF					DUE TO, OR AS	A CONSEQUENCE OF					- 19
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19t. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? Yes \		P	ART 2. OTHER SIG	NIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BUT NO		ASE OR CONDITION GIVE	N IN PART I(o)		
County C		N L	tree	usch	erall	Carl				190	
County C		E 19	d. DATE OF OPERA	TION 19b. CON	IDITION FOR WHIC	H OPERATION WAS PER		3 a2 CALICE		CONSIDERED IN C	ERTIFYING
County C	2	ERTIF	ACCIDENT WA	C TINIDEDI VING	TOTAL TIME OF	MILITA				10.	
While at work			OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.		ZIC. HOW INJURY OCCURRED	cnier nature of inju	ry in Pari I or Pari 2,	, Item 16.)	
While at work at work 22a. I certify that (I) (this haspital) attended the deceased fram 19 and that in (my) (our) apinian death accurred an the date and haur and fram the coursey stated above, (I) (we) (did) (did nat) view the bady after death. 22b. J(GNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. ADDRESS NAME (Type) Richard T. Binford M.D. 23a. BURIAL, (REMATION, PEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) DURE TAX. 12 2 8 68 REST HAVEN CEM 4DDRESS 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. REGISTRAR		WED					IORY. 1 21f LOCATION Street or P.	ED Na City	or Town	County	Stote
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DEGREE PHYS. ATTENDING PHYS. DIRECTOR D	1			ited abave, (I) (we) (did) k	and nat) view the t	oady after death.		1 00	DATE CLONED	
226. ADDRESS NAME (Type) Richard T. Binford M.D. 226. ADDRESS 1135 Potomac Ave Hagerstown, Md. 230. BURIAL, CREMATION, REMOVAL (Specify) PARTICIPATION (County) PARTICIPATION (COU		22	D. YIGNATUKE	11.11	15/5	a her		MED.	STAFF -		
NAME (Type) Richard T. Binford M.D. 1135 Potomac Ave Hagerstown, Md. 23a. BURIAL (Experity) Provided (County) (Stote) (Stote) (County) (Stote) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote) (County) (County) (Stote) (County) (County) (Stote) (County) (County) (Stote) (County) (Count		2'	PHYSICHAN'S	ACC 9	100	JAN TO		P DIRECTOR -	PHTS.	26 Dec	- 68
23a. BURIAL, (REMATION, PEMOVAL (Specify) BURIAL (REMATION, PEMOVA	1	1		Richard	d T. Bir	ford M.D.	/	Potomac A	Ave Hag	erstown	. Md.
BUR TAT. 12/28/68 REST HAVEN CEM HAGERSTOWN WASH: MD. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR'S SIGNATURE	2	3a. B	URIAL, CREMATION	, 23b. DAT	E	23c. NAME OF (
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR -25b. REGISTRAR'S SIGNATURE	2	R	BUR TAT	10	128/68			HACT	ERSTOWN I		MD.
	2	. 4	NERAL DIRECTOR	6	11	ADDRESS '	250.	REC'D BY REGISTRAR	-2Sb. REGISTRAR	S SIGNATURE	

A STATE OF THE STA Mars Lunes Action To the Silver Lunes Head Burney James Company Control of the Company of the ALL COLORS OF THE SECOND SECON DEC 3.1 1968 M. Frenches Vergen

Lost

8. MARRIED NEVER MARRIED

VR A15 41

30M REV. 1/68

13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) MSTATE Land 481 Mitchell Ave-YES XC Hagerstown 14. FATHER'S NAME Middle last IS. MOTHER'S MAIDEN NAME First Middle Lost Lona George Grace 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknown) (Il yes give war or dates of service) Mitchell Ave. Hagerstown. Mr. Geo. None 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Canditians, if ony, which gove) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🗌 21g. ACCIDENT WAS LINDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County While Not while of work 22b. SIGNATUR 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 580 Northern Ave Hagerstown Md. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Hagerstown-Washington-Md. Rest Haven Cemetery So. REC'D BY REGISTRAR 1968 Haven Funeral Chapel Hagerstown, Md.

Temale.

7a. BIRTHPLACE (State or foreign

(ountry) Hagerstown, Md.

Hagerstown

10. CITY OR TOWN OF DEATH

1. DECEASED-NAME

3 SEX

(Type or print)

4 RACE

First

Donna

Mae

White

7b. CITIZEN OF WHAT COUNTRY?

Middle

Long

WIDOWED [

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

give street address)
Washington Co. Hospital

S. DATE OF BIRTH

DIVORCED [

August 4, 1939

6. AGE (In years last birthdoy)

2n DATE OF DEATH

9. COUNTY OF DEATH

1968 IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS HOURS

None

2b. HOUR

Washington 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **INDUSTRY**

YRS.

during mast of warking life, even if retired.) 13e. STREET AND NUMBER

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Parities of					

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REPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

				111						50.2	
1.	PLACE OF DEATH						IDENCE (Who	ere deceased lived, If		ce before	edmission)
		ington		MAF	RYLAND	a. STATE	autond	b. COUN		-+	
	b. CITY OR TOWN (in	f outside corporate limits,	c.	LENGTH OF S			ryland DWN (If outside	corporate limits, write	Washin RURAL and give		vn)
	write RURAL and	give neerest town)									
-	Hage	rstown					gerstown	n			
	d. NAME OF HUSPII	AL OR INSTITUTION (if	of in hospitel,	, give street ec	idress)	d. STREET AD	DRESS				A FARM?
	Wash	ington Coun	ty Host	nital		62	Marv1	and Avenue			NO K
3.	NAME OF	First	,	Middle		Last	4. DA	TE Monti		Yee	r
	DECEASED (Type or print)	Woodro		Wi1s		Lynch	OF DE	атн Decembe	r 24	19	68
5.	SEX	6. COLOR OR RACE 7.	MARRIED 3	NEVER MARI	RIED B	DATE OF BIRTH		9. AGE (In years		IF UNDER	24 HRS.
	Ma1e		VIDOWED [DIVOR		October 21	1016	lest birthdey) 52 yrs.	Months Deys	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work		-		October 21	(County & Stel	te, or foreign country)	12. CITIZEN C	F WHAT	CHINTRY
do	ne during most of wor	rking life, even if retired)					,	, , , , , , , , , , , , , , , , , , , ,			O O I I I KI
10	Tool mak	er	Pangt	orn Co	orp.	West V			U.S.	A .	
13.	FAIRER'S NAME					14. MOTHER'S MA	AIDEN NAME				
15	Homer B1	aine Lynch					Frances	s Bolder			
(Ye	s, no, or unkown) (If	R IN U.S. ARMED FORCE yes give werer dates of serv	ice) 16. SOC	IAL SECURITY	NO. 17. I	NFORMANT		Address			
	No	No		18-7443	3 1	Ars. Milds	red Lyne	ch-Hagerst	own . Mary	land	
	18. CAUSE OF D	EATH [Enter only one ca	use per line fo	or (2), (b), ope	(c),	111111			IN	TERVAL BE	
H		WAS CAUSED BY:	15/14	117741	0	Wan	117		O	ISES AND	DEATH
	2500		100	, 0	1	1	6 17			1	1/2
	0000	DUE TO	//	1109	778	1010	9/1/14	12	1	then	MY
-	Conditions, if eny		// /	177	1	(0.0	100	7	10	("	
	gava rise to immedia (a), stating the un										
	ceuse last.	X (c)						1			
Z	PART II OTHER	SIGNIFICANT CONDITIO	NS CONTRIB	UTING TO DE	ATH BUT NO	T RELATED TO THE	PRAINAL DIST	ASE CONDITION GIV	EN IN PART 1(e)	9. WAS A	UTOPSY
CATIO	Mg	Asmed.	M	19710	Mere	HC 1	18/18/	All	14014		RMED?
CERTIFICATION	206. ACCIDENT WA	AS UNDERLYING ATH	20b. DESCRIE	BE HOW INJUR	Y OCCURRE	D. (Enter neture of in	njury in Pert I o	r Pert II of item 18.)			
_	20c. TIME OF INJUI		1.00 (151111	RY OCCURRED	1 00 DIA	CT OF BUILDING		(at)	(0)		10 1
MEDICAL	Hour a.m.	KI Monin, Dey, Teer	While	Not While		CE OF INJURY (Homory, street, office bld		(City or town)	(County)		(State)
ME	p.m.	19	et work	at work		1102	1	s And	11	7	
	21. I certify th	nat (I) (this hospital) attended	the deceas	sed from./	125	19/15	10. 15 t	19.(19	that (1) ((we) last
	and the second	11 h 6	1 1/1.	1. 13	/	death occurred	a() ! W.M.	from the causes			` '
	220. SYGNATIURE	5. 1. No	1							226	. DATE
	Jon /	veryore		, ,	, м	D. PHYS.	MED.	STAFF PHYS.	117-70	78	SIGNED
Н	22c. PHYSICIAN'S	5 9/1 2 cm	1170	611	UT	22d. ADDRES	5 //	None	Nach	m	//
	NAME (Type)	1 the the	TIPA	111	(7.//	1 400	01-10	() Herrisal	Property	10-0	/ •
23€	REMOVAL (Specify)	ON, 23b. DATE THEREC	PF 23	c. NAME OF	CEMETERY (OR CREMATORY	23d.	LOCATION (City, to	wn of county)	(5	tete)
	Burial	Dec. 27, 19	68	Roseda	le Cen			rtinsburg		Virgi	nia_
24	FUNERAL DIRECTOR	S SIGNATURE & B	KAIAI	ADDRESS			a. REC'D BY R	EGISTRAR 256. REC	GISTRAR'S SIGNA	TURE	
Bi	rown Funer	al Home-Mart	insbur	g. Wes	t Virg	inia of	JEC 30	1968 20	contes la	edge	
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no. gatheni What ington County Mospital STATES LAND AMERICA inite control of the second Stores 21, 1:10ricks (Via) and indounts and an ice Dannie Ergicos Heller = F Cab-18-7843 W. Mrs. Wildest Jackstone Baletston, New Jury Price Western Communication of the second of the s Harm's convert floor than the black Pressing | OFC 5 0 1968 Persons Income

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18394

18381

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) December 22, 1968 Mancini Lucia 5. DATE OF BIRTH IF LINDER 1 YEAR 4. RACE 6. AGE (In years IF LINDER 24 HRS last birthday) 12-13-1892 female white YRS. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Italy USA Washington WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR give street address) ranklin, St. during most of working life, even if retired.) Home Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 13b. COUNTY Hagerstown YES X 55 E. Franklin, St. Wash. 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle First Middle Pietro D. Adamo Rosaria LaVergetta 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) Mr. Pietro Mancini Hagerstown, Md. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN DNSET AND DEATH RETEOPERITORIEM 14-15-ma AM COM IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) MELLITUS ARTERIOSCUSTATIC C-V SI METE SENJ2: 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🗀 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 19 5, 1963, ta 20, 1966, that (I) (we) last saw the deceased alive an 1960, and that in (my) (aur) apinian death accurred an the date and haur and fram the 1963, to 20 Dec, 1968, that (1) (we) last causes stated abaye, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. MED. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) . NOEL FENDER 218 H. Porome ANGENSSOUTH 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL, CREMATION. 23b. DATE (County) BEMOVA (Specify) Rose Hill Cemetery 12-27-68 Hagerstown, Md. 25d. PECD BY REGISTRAR DATE 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE

within ominetely cremation, or removol, and in any event, requires that the deoth certificate be executed attending physicion and opermit. Then please rema permit. burial-transit by be retained by the hospital or attending physician. signed burial, os the prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR; After this certificate has been for use Health director, page 3 should should be filed with the

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24 hours after deoth.

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Minnich Funeral Home Hagerstown, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Hagerstown 3ive street eddress) on Con. Home	2b. HOUR IF UNOER 24 HRS. HOURS MIN.
To BIRTHPLACE (State or fareign Country) Virginia To BIRTHPLACE (State or fareign Country)	- 1
Virginia USA WIDOWED DIVORCED Washington	
Hagerstown give steel eddess) on Con. Home during most of working life, even if retired.) SINDLISTRY SINDLISTRY STATE Md. STATE Md. 13b. CONTINENT 13c. CITY OR TOWN 13d. MSDIE CITY LIMITS? 13e. STREET AND NUMBER 1006 Potomac 1006 Potom	M
13b. COUNTS hington Hagerstown YES NO 1006 Potomac 14. FATHER'S NAME First Middle Perry W. Miller Is. MOTHER'S MAIDEN NAME First Middle Minnie Valentine 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Minnie Valentine 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)? PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVER IN PART 1. (a) Find the underlying cause 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? 19d. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21b. TIME OF INJURY 19d. A.M. Manth Doy Year 19d. A.M. M.	BUSINESS OR mploye
Perry W. Miller 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of unknown) (If yes give wor or doites of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Dr. Althea Miller, Hagerstown, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: 1	ve.
Tes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Last
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF irise to immediate cause (a), stoting the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M. Manth Doy Year	
G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 19	ERTIFYING
While Not wark of wark 22a. I certify that (I) (this haspital) attended the deceased from the deceased from the deceased glive an analysis of wark of	Stote t (I) (we) last
cguses/stated alrave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 23c. ADDRESS NAME (Type) Richard T. Binford 23c. NAME (Type) Richard T. Binford	. 21740
230. BURIAL (REMATION, BUNDANE SECTION) 231. DATE 12-26-68 232. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 233. LOCATION (City or Town) Hagerstown, Md. 244. FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md. 255. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 257. ADDRESS AD	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please rehappened should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event,

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	irst	Middle		Last	2a. DATE OF DEATH	D V	2b. HOUR	
(Type or print)	RSULA	MAY	MILLE	R	December	1º. 1988		
3. SEX	4. RACE			S. DATE OF BIRTH	6. AGE (In year	OFS IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
Female		White		Aug.12,189	96 lastbighday	YRS. MONTHS DAYS	HUUKS MIN.	
7o. BIRTHPLACE (State or fareign	7b. CITIZEN OF W		8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
Virginia	U.S	.A.	WIDOWED	DIVORCED	Washingto	on	Mo	
Hagerst	own give	AME OF HOSPITAL OR INS street oddress) ashingto	n Co.	Hospital during m	AL OCCUPATION (Kind of work ost of working life, even if ref House Wii		BUSINESS OR Home	
13o. USUAL RESIDENCE (Where de admission) STATE Maryland	eased lived, if institut 13b. COUNTY Washin	ion: Residence before	13c. CITY OR	TOWN 13d. INSIDE CITY L Stown YES A		BER Cleveland	Ave.	
14. FATHER'S NAME First Carl	F. Harpe	Lost	15	. MOTHER'S MAIDEN NAME F	es Lambert Mid	ddle	Lost	
16a. WAS DECEASED EVER IN U.S. Yes N 0 or unknown) (If yes	ARMED FORCES?	16b. SOCIAL SECURITY I		nformant arl Miller	308 S.Cleve	less and Ave		
18. CAUSE OF DEATH (Ente	anly one cause per li	ne for (a), (b), and (c).),			APPKUA	IMATE INTERVAL DNSET AND DEATH	
PART I. DEATH WAS CA		'enchal's		a acciden	+		utes	
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Conditions, if any, which ga	Conditions, if any, which gave trise to immediate cause (a). (b) athusellusis							
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF							
33/Y	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
	9b. CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALISES OF DEATHS	DINGS CONSIDERED IN	ERTIFYING	
210. ACCIDENT WAS UNDER The contributing cause of contributing cause of contributing cause of contributing cause of contribution cause of cause of contribution cause of caus	DEATH HOUR A.M.	F INJURY Manth Day Year		OW INJURY OCCURRED (Ente	r nature of injury in Port 1 ar	Part 2, Item 18.)		
While Nat while at work	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TTDRY.) 21f. LC	OCATION Street or R.F.D. No	, 10	Caunty	Stote	
22a. I certify that (1)	22a. I certify that (I) (this haspital) attended the deceased fram							
22b. SIGNATURE								
22d. PHYSICIAN'S NAME (Type) J. [. Wilson				thrn Ave Ha		, Md .	
REMOVEL Exectly)	Bb. DATE ec.4,196		Hill	Cemetery	23d. LOCATION (City or Tow Hagerste	own, Md.	(Stote)	
24. FUNERAL DIRECTOR Had Andrew K.Cof	erstown, fman Fun	Md ADDRESS eral Hom	e Inc	• DATDE C		STRAR'S SIGNATURE	lan.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely writed in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages, should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 h VR A15 (4) 30M REV. 1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

Page 4 moy be retoined by the hospital or ottending physicion.

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death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thereal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificated Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

	-000	OLIVIIIIOATI	L OI DEATH	4	0200
1.	PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL RESIDENC Maryland	1 001111	tution: Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF	outside corporate limits, write	e RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Wash Co. Hospital	iospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOX
3.	NAME DF First DECEASED (Type or print) Lela	Middle Mij	Last	4. DATE Month DF DEATH Dec.	Day Year 16th. 1968
	SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	Oute	14. MOTHER'S MAIDI	EN NAME	T U.S.A.
15 (Ye		. SOCIAL SECURITY NO. 17.	INFORMANT	yers Address Mills R.D.2	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. CAUSE OF DEATH [Enter only one cause per liveral cause (a)] DUE TO DUE TO DUE TO COUNTY OF TO STATE OF THE CAUSE (C)	ine for (a), (b), and (c). I seed	nl Lear	1 Sines	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITED AND CONTRIBUTIONS ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELAT			YES NO
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19	Not While factor	CE OF INJURY (Home, far y, street, office bidg., et	rm, 20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive on 22a. SIGNATURE	led the deceased from	death occurred at ATTENDING D PHYS. D	M, from the causes a	nd on the date stated above. 22b. DATE SIGNED
23a	NAME (Type) FRAGE SC	ROSICCE 23c. NAME OF CEMETERY	386 M	23d. LOCATION (City, tow	vn or county) (State)
24.	REMOVAL (Spacify) Burial Dec. 19, 68 Funchal Director Enompson Funeral Home	St. Paul ADDRESS Clear Sprin	DEC	Clear Sprin D BY REGISTRAN 256. REG C 2 3 1968	SSTRAR'S SIGNATURE

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R.B.D.S. Clear Spring, 16.

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Thompson, Funeral Rose Clear Brring, 8d.

MARYLAND STATE DEPARTMENT OF HEALTH EDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Day Year (Type or Print) OF ESTI-Terry Lee Mong DEATH MATED \$ 12-22-68 ge af, 0 Department 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 900 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3. SEX TOPES T HOURS Year Oct. 24. 1949 Male White 9 19 68 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. WIDOWED [DIVORCED Washington Pa. Rages State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) the Road Route#5 Hagerstown Plummer with 1 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Ma 13b. COUNTY Washington Smithsburg Item 18./ YES NO K land 2 after Last 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Mae Mong Joseph Anna Brown pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within pencil (Yes, no ar unknown) Smithsburg, Md. Joseph A. Mong, R.D. File APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. Medical BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning ossibly DUE TO, OR AS A CONSEQUENCE OF hours Canditians, if any, which gave rise ta immediate cause (a). This certificate shauld the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing OS remaval. used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO F please execute the certificate. pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.) 3 should shauld PRIMARY X OR CONTRIBUTING MEDICAL crematian. 7:30 12-22- 1968 Deaky muffler on standing car with motor CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED City or Town running. State Page factory, affice building, etc.) WHILE AT WORK AT WORK Hagerstown. Wash. Public Road Ridenour Road, Route burial, may be retained far FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autapsy K., Inspection . Inquiry , ond in my apinian death resulted fram: Natural causes Accident Suicide | Hamicide Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12-23-68 **EXAMINER'S** Health Washing Billst in Hagerstown. Md. 0 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 968 Mountain View Cemetery Burial Ringgold 24. FUNERAL DIRECTOR 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Minnich Funeral Home. Smithsburg. Md. DEC 3 0 VR A15ME (5)

NAME OF CEMETERY OR CREMATORY

HILL

CEM.

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ADDRESS

23d. LOCATION (City or Town

HAGERSTO

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(State)

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24. FUNERAL DIRECTOR

23b. DATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physitian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Poge 4 moy be retained by the hospitol or ottending physician.

18339

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, CERTIFICATE OF DEATH

Tr. () () () (4)			CERTIFICATE OF	DEATH			18402	3
1. DECEASED-NAME (Type or print)	First LEE	Middle ROY	PITTMA		2a. DATE OF D	Month 7	00	2b. HOUR
3. SEX	4. RACE	ITE	S. DATE OF 4 . 1 1	.1890		S. AGE (In years last horthdoy)	MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (State or fore country) PENNA.	oign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MA	ARRIED 5	COUNTY OF D	GON MD.		N
10. CITY OR TOWN OF DEATH ANCOCK	11 gi	NAME OF HOSPITAL OR IN ve street oddress)	STITUTION (If not in haspital			Kind of work done		BUSINESS OR
13o. USUAL RESIDENCE (When admission) STATE MD	e deceased lived, if insti	tution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIM YES NO		ET AND NUMBER FULTON	ST.	
14. FATHER'S NAME Firs W	LIAM PIT		15. MOTHER'S	WAIDEN NAME FIR				Last
160. WAS DECEASED EVER IN Yes Or unknown)	U.S. ARMED FORCES? If yes give war or dates of service)	212.10.		LA B P	ITTMAN		HANCOCK JLTON S	Т.
18. CAUSE OF DEATH ((Enter anly one cause per S CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c)	occlus	ć				IMATE INTERVAL DNSET AND DEATH
Canditions, if ony, which rise to immediate caustoting the underlying last.	DUE TO, O th gove) (b)	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF.	lerotic co	many a	ntern	lisea	2 10	yrs)
_	Art distr	BUTING TO DEATH BUT N	OT RELATED TO THE TERMIN RFORMED 200. AUT YES [OPSY?	20b. IF Y	IN PART 1(a) ES, WERE FINDINGS OF DEATH?	5 CONSIDERED IN C	CERTIFYING
OF CONTRIBUTING CAL (If either, notify medical 21d. INJURY OCCURRED While Nat while at wark at wark 22o. I certify that	JSE DF DEATH HOUR AJ P.J 21e. PLACE OF INJUR (1) (this hospitol) of	Y (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	ed from 2/12	eet or R.F.D. No.	City o	r Town	County 9 68, that	State
causes stated	osed olive an III abave, (I) (we) (di	d) (did nat) view the	DEGREE PHYS.	ING ME	D. 🗆		date and hour $\frac{12}{9}$	68
22d. PHYSICIAN'S NAME (Type) 7 23o. BURIAL, CREMATION, REND VAIL SPECK	23b. DATE 12.10.	100 A DEMAS	1. D. 22e. AE	HAN	23d. LOCATION RURAL		Md. (COUNT	Y PENI
24. FUNERAL DIRECTOR	J Suo	ADDRESS Har	ne Q mel	250. REC'D BY	REGISTRAR 1 2 196	25b. REGISTRAN	r's signature	ye

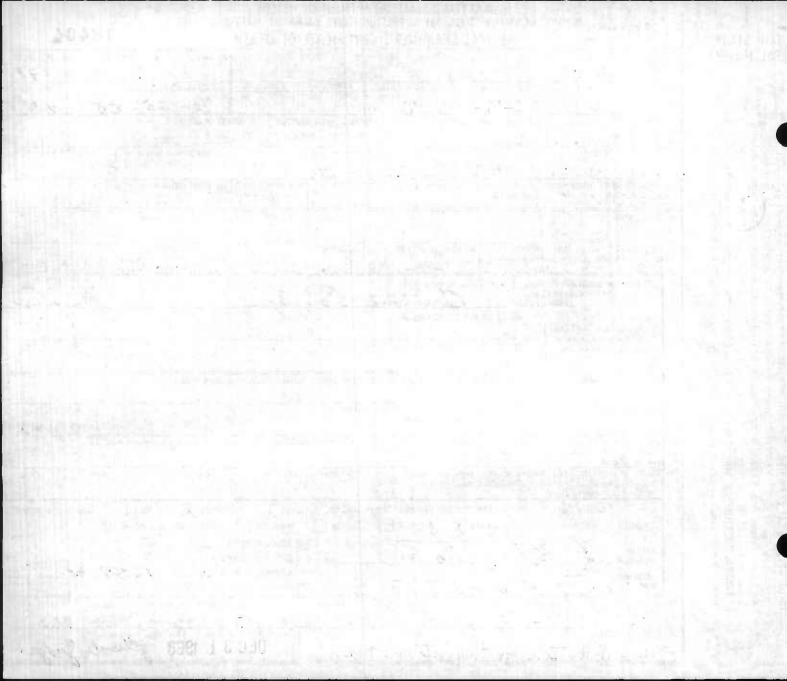
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	west of the	08 330	Carl Sank			

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18404 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle Last 20. DATE KNOWN (Type or Print) Edward Year ESTI-90 Harry 19 68 Queen DEATH MATED 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH Male Colored 2-17-1897 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED Washington York . N. Y. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done hours after death 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Hagerstown Md. 13d. INSIDE CITY LIMITS? and 2 with 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREFT AND NUMBER in county ington 621 Pennsylvania Hagerstown YES X NO [tem IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Unknow 24 Unknow = hours Exominer's pages 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) 621 Penna 214-16-0919 Mrs. Juanita C. Queen E: APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND DEATH be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe 3 should & 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) PRIMARY [OR CONTRIBUTING [HOUR A.M. cremotion, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote Poge factory, affice building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described obave, held on Autapsy Inspection 🖈 Inquiry | and in my opinian Natural couses X death resulted from: Accident | Suicide (Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Heolth **FXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 50 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City ar Tawn) (County) REMOVAL (Specify) Rose Hill Cemeterv 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CEKTIFIC	AIE UF	DEAIR			0405	
	CEASED-NAME	First		Middle		Last		2a. DATE OF			2b. HOUR
	Ype or print)	Maurie		Irving		Reece		Ĩ	ecember Day	5 1968	1
3. SE	X		4. RACE			5. DATE OF BI	RTH		6. AGE (In years last birthday)	IF UNOER 1 YEAR	HOURS MIN.
	Male			White		Septe	mber 4.	1889	79 YR5.	MORTING OKTS	MIN.
	BIRTHPLACE (Stote o	r foreign	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED 9	COUNTY OF	DEATH	10	
	rooklyn, N	·y.		USA	WIDOWED		RCED 🗌		rshington		Mo
10. (CITY OR TOWN OF D	EATH		NAME OF HOSPITAL OR I	NSTITUTION (If n	ot in hospital			(Kind of work done	12b. KIND OF B	USINESS OR
	Tunksto			37 W. Ba	ltimore	Sto			life, even if retired.)	Buil	dings
13a. odm	USUAL RESIDENCE (Where decease	d lived, if insti	tutian: Residence before			13d. INSIDE CITY LIM YES X NO	100101	REET AND NUMBER	. C+	
	Planyla	nd	Wash	ungton	Tunks				W.Baltimor	e sho	
14. 1	FATHER'S NAME	First	Middle			. MOTHER'S MA	AIDEN NAME Fir		Middle	-1.	Last
1/-		anley	D CODGEGO	Ree		NFORMANT	Cissie	2	L	Ma	rne
100.	(es, no, ar unknawn)	(If yes give war	D FORCES? or dates of service)	16b. SOCIAL SECURIT			Comme	27 /11	Address	C+ Que	1d.
_		_		214-09-8		us_Bob	Creager	2 3/ W.	Baltimore		ATE INTERVAL
	18. CAUSE OF DEATH	ATH (Enter anly H WAS CAUSED	ane cause per BY:	r line ar (a), U) and (().) UM	2009	YURN	1110 m	·	BETWEEN ON	SET AND DEATH
	1110	IMMEDIAT	E CAUSE (a)	7 100 109	- 1 × 21	1/1	1	1	2 17.5	11 - 1	, , , ,
	Conditions, if ony,	which gove	DUE 10, 0	R AS A CONSECUENCE O	10 117	MARIA	1/2	14/	#1834	16/1	NEAN.
	rise to immediate	e couse (o),	(b)	R AS A CONSEQUENCE O	ic of	1			-/-	/	7
	stating the under	lying couse	(c)	K AS A CONSEQUENCE O	"	V					
		GNIFICANT COND		BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	DISEASE OR CO	NDITION GIVE	N IN PART 1(o)		
	4201										
TION	19a. DATE OF OPERA	ATION 19b. C	ONDITION FOR	WHICH OPERATION WAS I	PERFORMED	20a. AUTO	PSY?	20b. IF	YES, WERE FINDINGS CO	ONSIDERED IN CER	TIFYING
MEDICAL CERTIFICATION		10				YES 🗀	NO 🗌	CAUSES	OF DEATH?		
CER	21a. ACCIDENT WA			OF INJURY		OW INJURY OCC	URRED (Enter	noture of inju	ry in Part 1 or Part 2, I	tem 18.)	
DICAL	OR CONTRIBUTING ((If either, notify m		HOUR A.I	14	19						
ME	21d. INJURY OCCU	RRED 21e. F		AT HOME, FARM, STREET, I	FACTORY.) 21f. LC	CATION Stree	t ar R.F.D. No.	City	or Tawn	County	State
	While Not who at wark			torrice bortonto, Etc.		1-7-		Ry 1	120 21	10	
	22a. I certify	thot (I) (this	hospital)	the ided the deceo	sed from	30	, 19_40		1,0/1,19	00 , that	(I) (we) las
	saw the c	deceased ali	ve on/	d) (did nat) view the	1900, an	d thot in (m death	y) (our) opin	nion death o	accurred an the da	te and haur a	nd tram the
	22b. SIGNATURE	/// //	(1) (WC) (ul	() (diagridi) view iii	o body dilor	200111.	/		22c.	DATE SIGNED	13
	100	MA	an p	M	DEGR	EE PHYS.	NG P ME	ED. RECTOR	STAFF PHYS. \square	-16-60	8
	22d. PHYSICIAN'S NAME (Type)	E	B. 1	1470115	AhAL	22e. ADD	RESS U	. an 76	mus Ap	orus en	ours
220	BURIAL, CREMATION	N. 23b. D.	ATE	123c NAMEO	F CEMETERY OR	CDEMATORY		23d IDCATIO	ON (City or Town)	(County)	(State)
ZJU.	REMOVAL (Specify)		1/18/68	Rest	Haven		ru		erstown-Was	. , , , ,	
24.	FUNERAL DIRECTOR	41%		NOW YOUR	22	3500	2Sa. REC'D BY		2Sb. REGISTRAR'S	- A	,
	Rest Ha	wen Ju	reral (hapel Hag	erstown	2. Md.	DATE DE	019	1968 sche	arles Ju	dge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physitencered completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then prese remove carban papers. Pages 1 and 2 (should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and the filed with the State Dept. of Health prior to burial, cremation, ar removal, and the filed with the State Dept. of Health prior to burial, cremation, ar removal, and the filed with the State Dept. be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

VR ATS (4) 30M REV. 1/68

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-17-1153 153115	A STATE OF THE STA	second regular	SOF LEWY	

	MAKILAND STATE DEPAKTMENT OF I	TEALIN
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
18393	CERTIFICATE OF DEATH	18406

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY (1) ask in a tax	a. STATE M. D. b. COUNTY Washing Tour
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
d.MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE
Washington County Lospital	ON A FARM? YES NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) James Resco	R-1 DEATH 12 17 1968
	8 DATE OF BIRTH 19 AGE (In years LIFTINDER 1 YEAR HELINDER 24 HRS.
M WIDOWED DIVORCED	April 17 1922 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT
Truek Driver Stane + Concrete	Washington Co - MD. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James & Rool Sr	Francis Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	-0 10 11
	TS. Mary J Reel RDZ Hancock, MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reptured acute of	essecting an environ of corta 15 hours
441.0 DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate (
underlying cause lead	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
The state of the s	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While facto	ory, street, office bldg., etc.)
	15 144 - 18 154
21. I certify that (I) (this hospital) attended the deceased from	1>1/6, 1968, to 1717, 1968, that (1) (we) last
	t death occurred at 7 1. M, from the causes and on the date stated above.
22a. SIGNATURE John Afton an ke	ATTENDING MED. STAFF
141**	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) JOHN H. STORMBAKER	154 W. was hing ton Sh. Stages town - In ol
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bunda (Specify) Dec, 20 1968 Tonoloway	Fulton Pa.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
House of Sugar Herringil	le Pa DEC 2 3 1968 Voliantes Judge.

VR A15 (4) 15M 4-64

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18407

- B- C-180			EKTIFICATE C	T DEATH		TORO	
1. DECEASED-NAME	First	Middle	Lost		20. DATE OF DEATH		2b. HOUR
(Type or print)	Vina	Virginia	Rhoe		12 Month 24 D	oay 68 Yeor	CT.
3. SEX	4. RACE		S. DATE C	F BIRTH	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	HUNDER 24 HRS.
female	T/	white	May	18, 190	5 63 birthday) YRS		HOURS MIN
7a. BIRTHPLACE (State country) W . T		N OF WHAT COUNTRY? JSA	8. MARRIED A NEVER WIDOWED D	MARRIED 9.	COUNTY OF OEATH Washington		N
10. CITY OR TOWN OF DE Hagersto		11. NAME OF HOSPITAL OR INST give street oddress) Co.	Hospita:	al 12a. USUAL during most hou	OCCUPATION (Kind of wark done of working life, even if retired.) eswiie	12b. KIND OF I INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE odmissian) STATE $_{ m Mc}$	(Where deceosed lived, if	VIIIIV	13c. CITY OR TOWN Hagersto	13d. INSIDE CITY LIMIT VES NO [shingto	n St.
14. FATHER'S NAME		Middle Lost	15. MOTHER	S MAIDEN NAME Firs	Middle		Lost
Han	mond Allr				e Lutman		
16a. WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARMED FORCES	5? 16b. SOCIAL SECURITY NO	D. 17. INFORMANT		Address		
no	(1.70.910.110.010.010.01	none	Jam	s Rhoe	Hagerstown,	Md.	MATE INTERVAL
PART I. DEAI 4 3 3 Conditions, if any rise to immedio stating the under lost. PART 2. OTHER S. 19a. DATE OF OPER 21o. ACCIDENT W	H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave e couse (o), rlying cause GNIFICANT CONDITIONS CO ATION 19b. CONDITION AS UNDERLYING 21b. CAUSE OF DEATH HOL	TO, OR AS A CONSEQUENCE OF (b) TO, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH BUT NO FOR WHICH OPERATION WAS PER TIME OF INJURY JR A.M. Month Day Yeor	FORMED 20a. A	IUTOPSY?	IDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? ature of injury in Port 1 or Port 2	Ly J	NSEL IND DEATH
OR CONTRIBUTING (If either, notify if 21d, INJURY OCC) While Nat what wark at wark		P.M. 19 INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION	Street ar R.F.D. No.	City or Town	County	Stote
22o. I certify	deceased alive on	ol) attended the decease) (did) (did not) view the b	ond thorin	(my) (our) opini	on death occurred on the o	9, that date and hour ((I) (we) lo ond from th
22b. SIGNATURE	In Tu	Joth 2	DEGREE PHY			c. DATE SIGNED	66
22d. PHYSICIAN'S NAME (Type)	WAF	VIIITO	57 2	ADDRESS W W	ship Hoy	untin	my
230. BURIAL, CREMATIC O'LL IREMOVAL (Specify	12-27	'-68 Prove	EMETERY OR CREMATOR dence Cer	netery	23d. Location (City or Town) Providence	, W. Va	(Stote)
24. FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY		R'S SIGNATURE	4.0
Minnich	Funeral	ome Hagers	town Md	DATE III- I	3 II ISBN VVV	CONTRA VAL	444

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complétely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbat shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, we Page 4 may be retained by the haspital ar attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

uneral and 2 death.

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VR A15 (4) 30M REV, 1/68

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TOTAL STATE OF THE STATE OF THE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18	1395	DIVISION OF V	TIAL RECORDS	•	ATE OF DE		JKE, MAKYLAND 21201	18408	3
1. DECEASED-NA		st	Middle		Last	2	2a. DATE OF DEATH	V	2b. HOUR
(Type or pri	GROV	JER -	C.	RICH	ESSON		Dec.29,19	68 Year	7 30
3. SEX		4. RACE	- 15/-	9	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
Ma	le	Whi	te		Apr. 24	,1888	B last birthdoy) YRS.		HUUKS MIN.
	(State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED		COUNTY OF DEATH		
country) Pe	nna.	USA		WIDOWED		J E	Washington		Md.
O. CITY OR TO		11. NAA	NE OF HOSPITAL OR I	NSTITUTION (If not	in haspitol 1	2a. USUAL O	CCUPATION (Kind of work dane	12b. KIND OF	BUSINESS OR
Hager	stown	give str	eet oddress Avalon	Manor	d	annel	of working life, even if retired.) ry worker	Leath	ler
13a. USUAL RES admission) S1	IDENCE (Where dece	ased lived if institutio		13c. CITY OF	GWN 2 13d. IN	ISIDE CITY LIMITS?	? 13e. STREET AND NUMBER	Ave.	
14. FATHER'S N		Middle	Last		MOTHER'S MAIDEN	NAME First	Middle		Last
TI. THINERS IT	Will		ichesso		Rebecc		eck		
160. WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. IN	FORMANT		Address		
Yes, na, ar u	nknown) (If yes giv	e war or dates of service)	159-09-	6603 M	rs. Eug	ene !	Lowans Merce:	rsburg,	Pa.
		only ane cause per line	for (a) (b) and ((1)				APPROXII	MATE INTERVAL DISET AND GEATH
					100 200 h	0018		DEIWEEN O	W Ks
1/2	IMMEI				r o m	0212		-	90 7004
Candition	is, if ony, which gov		A CONSEQUENCE O	n / 1	rterio	501-	rosis.	2.	IRS
rise to in	n mediote couse (o)).(DUE TO OD 45	A CONSEQUENCE O		rierio	1016	10010		
stating t	he underlying cous	e DUE TO, OK AS	A CONSEQUENCE O	7					
_	OTHER CICAMERCANT C	ONDITIONS CONTRIBUTI	NO TO DEATH BUT	NOT DELATED TO	THE TEDMINAL DIST	EASE OP CONE	DITION GIVEN IN PART 1(a)		
7 Z	OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTI	NO TO DEATH BOT	NOT KEEKIED TO	THE TERMINAL DIST	LASE OR COME	DITION ONEN IN TAKE I(u)		
S 100 DATE	OF OPERATION 19	b. CONDITION FOR WHIC	H OPERATION WAS I	PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN C	FRTIFYING
190. DATE	OF OFERATION 119	b. CONDITION TOK WITH	IT OF EXAMINATION	LKIOKMED	YES	NO 🖂	CAUSES OF DEATH?	CONSIDERED III CI	EKIII TIIIO
210 ACC	DENT WAS UNDERLY	TING 21b. TIME OF	INITIPY	21c HO			sture of injury in Part 1 or Part 2,	Item 181	
DR CONT	ributing Cause of D notify medical exam	HOUR A.M. P.M.	Manth Day Yea	or 19			note of injury in rust 1 or rust 2,		
	JRY OCCURRED 21 Nat while at work	e. PLACE OF INJURY	AT HOME, FARM, STREET, I DEFICE BUILDING, ETC.	FACTORY,) 21f. LOC	ATION Street or I	R.F.D. Na.	City or Town	Caunty	State
220 1	certify that (I) (this hospital) otter	nded the decea	sed from 9	-12	, 19 6 8	, to 12-29 , 1	9_68, that	(I) (we) lost
sa	w the deceosed	alive an 12-	-27	_19_ <u>61</u> , and	that in (my) (a	er) opinio	on deoth occurred on the d	ate ond hour	and from the
		ve, (I) (we) (did) (did not) view th	e body after d	eath.				
22b. SIGN	Clark (2-14	Am	DEGRE	E ATTENDING PHYS.	MED. DIREC	STAFF	-/30/6	8
	SICIAN'S OME (Type) 2/0	HE AL	HOFF	men	22e. ADDRESS 2 1 4	N- 1	otomac st.f.	lagers	town, ma
23o. BURIAL, C		o. DATE	23c. NAME O	F CEMETERY OR (REMATORY	2	3d. LOCATION (City or Town)	(County)	(State)
	(Specify)	1/1/69	Fai	rview			Mercersbur		klin.Pa
24. FUNERAL I			ADDRE		250.	RECO MER	SCISTRAR 25b. REGISTRAR	S SIGNATURE!	140

DATE

Mercersburg, Pa.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the Uneral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or remo alygned in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours at Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18409 CERTIFICATE OF DEATH Last 20. DATE OF DEATH 2b. HOUR

DECEASED-NAME First Middle (Type or print) STANLEY BLISS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) WHITE JUNE 19. 1880 MATE 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MARYLAND U.S.A. WIDOWED TX DIVORCED WASHINGTON 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street address)
WASHINGTON COUNTY HOSP during most of working life, even if retired.)
RETIRED SUPT. HAGERSTOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY. NO [YES HAGERSTOWN 1019 OAK HILL AVE 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First JOHN RILEY MARIA 16b. SOCIAL SECURITY NO. Address BOX 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no or unknown) 717-10-4071 VIRGINIA HANWAY GRAFTON. WEST VIRGINIA 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Pulmonary embolism DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Pelvic thrombosis rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerotic heart disease: benign prostate hypertrophy 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? 12/6/68 Benign prostate hypertrowny 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark 22a. I certify that (I) (THIC HOLDER) attended the deceased from Dec. 2 , 19 68, ta Dec. 29 , 19 68 , that (I) (We) last saw the deceased alive an Dec. 28 19 68 and that in (my) (gen) apinian death accurred an the date and haur and from the causes stated abave, (1) (MP) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 12/30/68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) B.B. KNEISLEY, M.D. W. WASHINGTON ST., HAGERSTOWN, 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

director, should

within 24 hours after death

the death certificate be executed

requires thot

oletely filled in b carbon papers. int, within 72 hou

signed by the buriol-transit p

O FUNERAL DIRECTOR: After this certificate hos been

for

HAGERSTOWN. MARYLAND

REST HAVEN CEMETERY

2Sa. JREC'D BY REGISTRAR

HAGERSTOWN WASHINGTON

(County)

County

IF LINDER 1 YEAR

INDUSTRY

W.M.

12b. KIND OF BUSINESS OR

Lost

BROWNING

BETWEEN ONSET AND DEATH

State

(Stote)

Instant

Not known

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) Helen. Rebecca Robinson S DATE OF RIPTH 4 RACE 6. AGE (In years IF UNDER 24 HRS white 3-21-1891 female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington WIDOWED X DIVORCED [Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Avalon Manor during most of working life, even if retired.)
Stitcher Shoe, Mfg. Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY Hagerstown YEX 55 E. Franklin, St. Md. Wash. 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle William Shirey Katherine Heffelman 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address If yes give wor or dates of service) 214-09-5493 Mrs. Evelyn Morrison Hagerstown, Md. Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cystitis-Pyelitis 4 days DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gove) 8 weeks (b) Chronic Urinary Retention rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Brain Syndrome due to old C. V.A., H ypertensive & Atherosclerotic Heart Disease 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🖂 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Oct 30 , 1968 , to Dec 3 , 1968 , that (I) (we) lost saw the deceased alive an Dec 2 ____1968 , and that in (my) (out) opinion death accurred on the date and have and from the eause's stated above (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING MED. STAFF Dec 4 1968 DEGREE 223 ADDRESS. Antietam Street, Hagerstown, Md. NAME (Type) William T. Layman, M.D.

deoth. buriol, cremotion, or removol, and in ony event, within 72 hours ottending physicion ond completely filled in sermit. Then pleose remove carbon papers within OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed permit. signed by the burial-transit p Poge 4 moy be retoined by the hospitol or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

24. FUNERAL DIRECTOR

Burial (Specify)

23o. BURIAL, CREMATION

12-6-1968

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 2Sg. REC'D BY REGISTRAR

23d. LOCATION (City or Town) Hagerstown, Md.

(County) (Stote)

Minnich Funeral Home Hagerstown, Md.

DATE DEC 9

2Sb. REGISTRAR'S SIGNATURE

0132 THE PERSON OF TH Addition the second control of the C Seminated by the service of the serv then stell mer tree my fers . next t The state of the s . In the second of the second Little of the control of the control

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	18398	9		CERTIFICAT	TE OF DEAT	Н			1841	1
	ECEASED-NAME (ype or print) Eva	First	Monroe	Rowe	Lost	20.	DATE OF DEATH 12 Month	2 (Poy	68'eor	2b. HOUR
3. SE	female	4. RACE	white		ec. 14,	1918	6. AGE (Ir	yeors ndoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
o. (BIRTHPLACE (State or foreigntry) Md.	n 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED 🔼 I	NEVER MARRIED DIVORCED		NTY OF DEATH	ton		M
	agerstown		11. NAME OF HOSPITAL OR	NSTITUTION (If not in Hospi	tal during	usual occu	JPATION (Kind of v yorking life, even i	vork done f retired.)	12b. KIND OF	BUSINESS OR ad Co.
	USUAL RESIDENCE (Where ission) STATE Md	deceosed lived, if 13b. COL	institution: Residence befo	The second secon	town YES		13e. STREET AND N 926 Sa		Ave.	
		rles Sp			other's maiden nan Susan Ha			Middle		Lost
16o. Y	(es no, or unknown) (If y	S. ARMED FORCES? es give war or dates of ser			RMANT oodrow F	Rowe	Hagers	Address town		IMATE INTERVAL
CERTIFICATION	Conditions, if ony, which rise to immediate couse stating the underlying clost. PART 2. OTHER SIGNIFICAL POD 2 PC 190. DATE OF OPERATION	gove (I)	O, OR AS A CONSEQUENCE O) OR O)	OF T NOT RELATED TO TH	2Do. AUTOPSY?		ON GIVEN IN PART 2Db. IF YES, WERE CAUSES OF DEATH'	FINDINGS CO	ONSIDERED IN C	lear ERTIFYING
MEDICAL CERT	21o. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	DF DEATH HOUF	TIME OF INJURY R.A.M. Month Doy Yo P.M.	eor 19	INJURY OCCURRED (I	Enter noture		or Port 2,		
W	22b SIGNATURE 22d. PHYSICIAN'S	(this haspita ed alive an_ bave, (1) (we)	JURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC. I) attended the dece (did) (did not) view the	ased fram	- (8 , 1	9 <u>6</u> (, apinian c	death accurred	an the da	DATE SIGNED	and fram th
	BURIAL, CREMATION, BEMQVAL (Specify)	23b. DATE 12-28	-68 Rest	of CEMETERY OR CRE	Cemetery	23d.	LOCATION (City or Hagers	Town)	(County)	(Stote)
24.	FUNERAL DIRECTOR		ADDR	ESS	2So. REC	'D BY REGIS	STRAR 2Sb.	REGISTRAR'S	SIGNATURE	

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in 1977 the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

VR A15 41 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Page 4 may be retained by the hospital or attending physicion.

Minnich Funeral Home Hagerstown, Md.

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18412

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1.1	DECEASED-NAME	First		Middle		Last		2a. D	ATE OF DEATH	A NEW	2b. HOUR
	(Type or print)	John		Amos	F	low1an	d		December	13,196	58 12:3 AM
3. 9	SEX		4. RACE			S. DATE OF B			6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	
	male			white		10-	26-190		last birthday) YRS) HOURS MIN
7a.	BIRTHPLACE (Stote	or fareign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MA	KKILD	9. COUN	ITY OF DEATH		
	untry) Marylar		USA		WIDOWED		RCED _		Washington		Md
10.	CITY OR TOWN OF	DEATH erstown	aive etc	ME OF HOSPITAL OR INST Set address unty	Hos	pital	during mo	ost of we	PATION (Kind of work done orking life, even if retired.)	OTTE	of Business or
	ı. USUAL RESIDENCE nissian) STATE	(Where decease			13c CITY O Hage	R TOWN rstowr	13d. INSIDE CITY LIA YES NO		13e. STREET AND NUMBER 4 Hampton,	Road	
14.	FATHER'S NAME	First ssac D	Middle Rowla	last nd	X 1 1	S. MOTHER'S M	AIDEN NAME FI		Middle M. Shank		Last
16	a. WAS DECEASED E	VER IN U.S. ARM	ED FORCES? Ir or dates of service)	16b. SOCIAL SECURITY N		INFORMANT rs. Ja	nice	к.	Address Rowland Ha		
F	1B. CAUSE OF I	DEATH (Enter and	y ane cause per line	far (a), (b), ond (c).)							OXIMATE INTERVAL N DNSET AND DEATH
	PART I. DE	ATH WAS CAUSED	BY:	Jentrice	elder	Fib	vilation	on		14.	2 hour
	Conditions, if arrise ta immedi stating the und	y, which gave) ote cause (a),	DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF			in fa	vel	rion	1.72	e have
K	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTI	ING TO DEATH BUT NO	T RELATED	TO THE TERMINA	AL DISEASE ORC	ONDITIO	N GIVEN IN PART 1(a)		
CFRTIFICATION	19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a. AUT	1	_	2Db. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN	CERTIFYING
FRIE	DI - ACCIDENT	WAS TIMBEDIALIN	2 last rive of	MANIPA	To:	YES T	, ,			. Iv 10.)	
MFDICAL C		WAS UNDERLYING CAUSE OF DEATH medical examin	HOUR A.M. er) P.M.	Month Day Yeor					of injury in Port 1 or Part 2	, Item IB.)	1.50
W	While Work of w	70rk		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		- 1 .			City or Town	Caunty	State
	22a. I certificant saw the causes	y thot (I) (this deceased al stated abave	s trospital) after	nded the decease	d from 968, ai oody after	nd that in (n death.	, 19 c	inian de	eath accurred an the c	9 6 6, the late and hav	at (() (we) las or and from the
	22b. SIGNATURE		Milion		DEC	REE PHYS.	NG K M	MED. HRECTOR	- STAFE -	DATE SIGNED	14 1968
1	224. PHYSICIAN NAME (Type	ME	By	r-Kit	-	22e. AD	DRESS //	an	nsport	- N.	nd
23	a. BURIAL, CREMAT	10N, 23b. D 12	ATE -15-68	23c. NAME OF C	EMETERY O	r crematory Cemete		Qu	incy, Penns		
	. FUNERAL DIRECTO		al Home	ADDRESS	own	Md.	25a. RECD R	Y REGIST	1968 REGISTRAR	'S SIGNATURE	udge.

Minnich Funeral Home Hagerstown, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please semays carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 1/68

and completely filled in by the funeral

ted within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be.

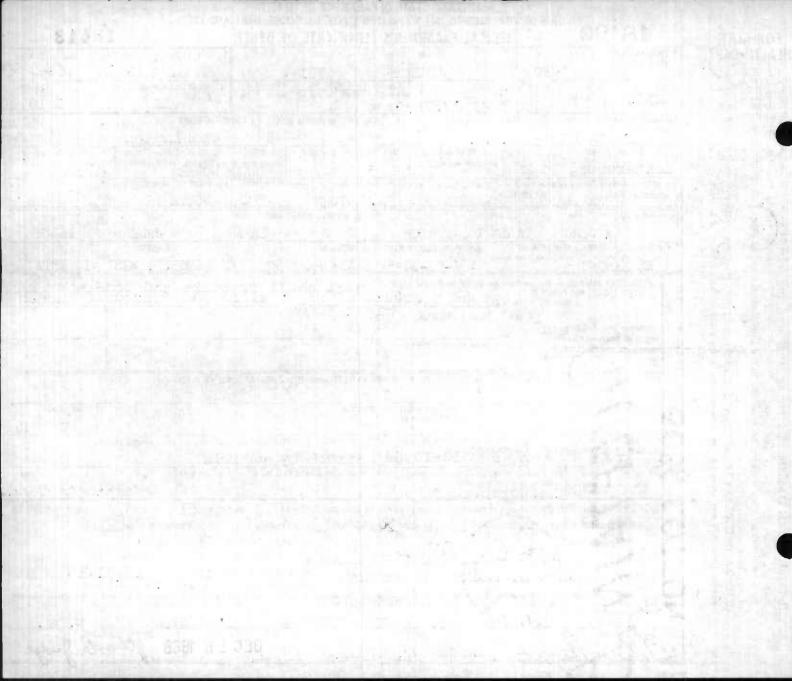
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2 TABLE TO SERVICE TO SE Market and the second of i pape de care del trema de la compania de la comp La compania de la compania del compania de la compania de la compania del compania de la compania del compania del compania de la compania del com The Train Control of the Control of Same INVIII - Land Bridge Live Side Sept 1 AZARA MATATANIAN AND AND AND THE AND T

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) OF ESTIny delay is 2. and 3 to Poge 19689 GEORGE JAMISON DEATH MATED : 72 6. AGE (In years 3. SEX 4. RACE IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 last birthday) MONTHS Male W 12 10 19 6810:00 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form COUNTRY WEST VIRGINIA Give Pages 1 DIVORCED [WIDOWED Washington U.S.A. with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) Leitersburg Pike death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO V ROUTE and 2 ofter Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle ten JANE JOHN ALBERT SARAH DALBY hours poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, na, ar unknown) (If yes give war or dates of service) 235-03-3045 FRANK HARLESS CHARLESTON. WEST File .= within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (Enter only one cause per line for (a), (b), and (c).) Basal skull fracture is CAUSED BY:

IMMEDIATE CAUSE (a) pound fracture of right tibia and and com-BETWEEN ONSET AND DEATH fractured Sudden permit. PART I. DEATH WAS CAUSED BY pending right femur DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). any certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) removal, CERTIFICATION be used 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 0 3 should should MEDICAL PRIMARY OR CONTRIBUTING cremation, 12-10 68 Struck by vehicle CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty State AT WORK AT WOR factory, affice building, etc.) DIRECTOR: Page Washington, Md buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inquiry [and in my opinian retained death resulted from: Natoral causes . Accident X Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER O DEPUT DEPUTY MEDICAL EXAMINER Howard N. Weeks, Hagerstown Heolth **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) Washington NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE BEC 1968 VR A15ME [5] HAGERSTOWN, MARYLAND DATE 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



18414

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type ar print) Manth Walter George Ryan December 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years last birthday) Male White March 5. 1893 75 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED country) Ohio U.S.A. WIDOWED X DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.)
Inspector-Fair Shild give street address 2733 Virginia Ave. **INDUSTRY** Williamsport 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Washington Wmsport 2733 Virginia Ave. Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First No Record No Record 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Hagerstown Md. 230 Potomac Hgts Yes no ar unknawn) 214-09-7398 William Burhams Jr. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Acute coronary occulsion IMMEDIATE CAUSE (a) . DUE TO. OR AS A CONSEQUENCE OF (onditions, if any, which gave) Art riosclerotic heart disease rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Gouty arthritis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES [none 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from high 1961, ta Dec 1968, that (I) (we) last saw the deceased alive an Dec 16 1968, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did taut) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. **ATTENDING** MED. DIRECTOR 12/24/68 Harolak Tritch or DEGREE PHYS.

O FUNERAL DIRECTOR: After this certificate director, page 3 should be filed v

22d. PHYSICIAN'S

23a. BURIAL, CREMATION,

NAME (Type)

30M REV. 1/68

ond 2 death.

remove

puo

physician o

the ottending phy

burial-tronsit

signed by

or removal,

cremation,

prior to has been the

00

after deoth

hours

The law requires that the death certificate be

12/26/68 Hagerstown. Mary Pand Coffman Funeral Home Inc.

23b. DATE

Dr. Harold R. Tritch Jr MD

Rest Haven Cemetery

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Hagerstown Wash.

(County)

(State)

Md.

Potomac St Hagerstown . Md

23d. LOCATION (City or Town)

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	asaington		d'E	ø F (. C . W	oirlo
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		CEIVII	TICKIE OF DEA				
1. DECEASED-NAME (Type or print)	First Henry	Middle Bushrod	lost Sampsell	2a. DATE C	Month Do	1, 1958	8 HOUR A. M
male	4. RACE	white	5. DATE OF BIRTH 10-28-1	883	6. AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote or for country) Virginia	oign 7b. CITIZEN OF WHA	MAN	RIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY C	F DEATH Washingto	n	Md
10. CITY OR TOWN OF DEATH Hagers	town give str	est oddress) on Man	or 120		N (Kind of work done g life, even if retired.) Man	12b. KIND OF INDUSTRY Util	BUSINESS OR ities
13o. USUAL RESIDENCE (Whe admission) STATE Md.	re deceased lived, if institutio 13b. COUNTY	n: Residence before 13c. CII Vash. Hag	Y OR TOWN 13d. INSIG erstown YES		TREET AND NUMBER POPE	, Ave.	
14. FATHER'S NAME Firs	Middle liam B. San	lost 1psell	IS. MOTHER'S MAIDEN N	Nannie	Middle Fuller		Last
16a. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FORCES? (If yes give war or dates of service)	6b. SOCIAL SECURITY NO. 17-10-9364	17. INFORMANT Mrs. John	Pangbor	Address n Hagerst		
18. CAUSE OF DEATH PART I. DEATH WA	(Enter anly one couse per line AS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).)	Thurston	: due to			MATE INTERVAL INSET AND DEATH
4-339 Canditians, if any, whi	DUE TO, OR AS	A CONSEQUENCE OF	ui- och	vaio '		no	-34-68
rise to immediate ca stating the underlying last.	use (a), (A CONSEQUENCE OF	melitin	ò		Wun	of year
232 V /1	CANT CONDITIONS CONTRIBUTIONS	elevotre	Henry	dels	inse_		, ,
190. DATE OF OPERATION		H OPERATION WAS PERFORME	YES 🗌	NO. CAUS	IF YES, WERE FINDINGS ES OF DEATH?		EKTIFYING
21a. ACCIDENT WAS U	use of DEATH HOUR A.M. al examiner)	Month Doy Year	1c. HOW INJURY OCCURRED	(Enter nature af in	jury in Part 1 or Port 2,	Item 18.)	
While Nat while at wark	٠,	OFFICE BUILDING, ETC.	1f. LOCATION Street or R.F.	F.D. No. Ci	ty or Town	County	State
saw the dece	t (I) (this haspital), atter ased alive an dated dabave, (I) (wa) (did) (d	- 5 1968	, and that in (my) (ou		accurred an the d	ate and hour	(I) (we) last and from the
22b. SIGNATURE	my no	unitur	DEGREE PHYS.	MED. DIRECTOR	STAFF 22c	DATE SIGNED	68
22d. PHYSICIAN'S NAME (Type)		own n	22e. ADDRESS 5/D/V	FY N	OVENS	TEIL	2
23a. BURIAL, CREMATION, BREMOVAL (Specify)	23b. DATE 12-7-1968		1 Cemetery	На	ION (City or Town) agerstown		(State)
24. FUNERAL DIRECTOR Minnich F	uneral Home	ADDRESS Hagerstown		DEC 9	25b. REGISTRAR	s signature	446

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/88

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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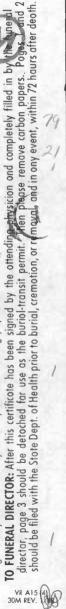
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18493

CERTIFICATE OF DEATH

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DECEMBED WHAT	and the second s							
. DECEASED-NAME First	Middle		Last	2a. D.	ATE OF DEATH	Davi		HOU
(Type or print) Joseph	Kand	S	cranton,	2ro	December	30	1968	
. SEX	4. RACE		DATE OF BIRTH		6. AGE (In years		R 1 YEAR IF UNDI	
Male	White		August 17	1908	lost birthdoy)	YRS. MONTHS	DAYS HOURS	1
o. BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	T.	NEVER MARRIED		TY OF DEATH			
ergennes, Vermont	USA	WIDOWED [DIVORCED	u	lashinaton			
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN			USUAL OCCUP	ATION (Kind of wark d		KIND OF BUSINE	
Hagerstown	give street address) Washington	Co-Hosp	ital Co	ng most of w	orking life, even if retir	ed.) IND	istry ailro ac	
Ba. USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TO			13e. STREET AND NUMBE		WDC-00 (00	
dmission) STATE Maryland	13b. Washington	Hagerst	own YES X	NO 🗌	1141 Faire	iew Ro	ad	
4. FATHER'S NAME First	Middle Last		OTHER'S MAIDEN NA	ME First	Midd	lle	Lost	
Joseph	Hand Scrant	ton Sa	100	Leona		4.3	Farmer	
60. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY	NO. 17. 1NFC	DRMANT		Addre	stager	stown.	1d
Yes, no, ar unknown) (If yes give war	232-01-82	275 Mrs	Elizabet	h Scra	Addre	Fairvi	ew Rd.	
18. CAUSE OF DEATH (Enter only	ane cause per line for (o), (b), and (c).					7.1	APPROXIMATE INTE	RVAL
DADT 1 DEATH WAS CAUSED I							8 hou	-
4120 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF			100			1100	
(onditions, if ony, which gove)			rogalor	otic	anrdio-re	27 0	Set7 37	re
rise to immediate cause (o),	(b) Hypertensi			OLIC	caroro-re	Halls	у. у	- 3
stoting the underlying cause	(c)	dı	sease.			300		
_	ITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO TH	HE TERMINAL DISEASE	F OR CONDITION	N GIVEN IN PART 1(a)			-
1149 V	TOTAL TOTAL PORT IN							
19g. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	ERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDI	NGS CONSIDER	ED IN CERTIFYII	IG
19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	ERFORMED			CAUSES OF DEATH?	LINE POT	ED IN CERTIFYII	IG
19a. DATE OF OPERATION 19b. CO			YES N	0 🗆	CAUSES OF DEATH?	les .		IG
	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW	YES N	0 🗆	CAUSES OF DEATH?	les .		IG .
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year r) P.M.	21c. HOW	YES N	(Enter noture	CAUSES OF DEATH?	les .)	
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner 21d. INJURY OCCURRED 21e. PI While Not while	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW	YES N	(Enter noture	CAUSES OF DEATH?	Zes art 2, Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examine) 2 2 Id. INJURY OCCURRED 21e. PI While Not while at work at work	21b. TIME OF INJURY HOUR A.M. Manth Day Year r) P.M. 1 LACE OF INJURY (AT HOME, FARM, STREET, FA	21c. HOW 19 ACTORY.) 21f. LOCA	YES N INJURY OCCURRED TION Street or R.F.	(Enter noture	CAUSES OF DEATH? Yof injury in Part 1 or Po	Coun	ty	State
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine) 21d. INJURY OCCURRED Vhile at work at wark 220. I certify that (I) (this saw the decaysed glives)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 1 LACE OF INJURY (AT HOME, FARM, STREET, FA hospital) attended the deceas	21c. HOW (9 ACTORY.) 21f. LOCA sed from	YES N INJURY OCCURRED TION Street or R.F.	(Enter noture	CAUSES OF DEATH? of injury in Part 1 or Po City or Town	Coun	ty , thot (1) (4	Stat-
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or contributing acuse of Death (If either, notify medical examine) 21d. INJURY OCCURRED While Not while at work 220. I certify that (I) (this sow the deceased alive couses stated above,	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 1 LACE OF INJURY (AT HOME, FARM, STREET, FA hospital) attended the deceas	21c. HOW (9 ACTORY.) 21f. LOCA sed from	YES N INJURY OCCURRED TION Street or R.F. hat in (my) (our oth).	(Enter noture D. No. 1955, 1	CAUSES OF DEATH? of injury in Part 1 or Po City or Town	Coun., 19.68.	ty , thot (I) (4 I haur ond fi	State
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21a. ACCIDENT WAS UNDERLYING 21a. OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner 21d. INJURY OCCURRED While at wark 22o. I certify that (I) (this sow the deceased alive couses stated above, 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Howard 23a. BURIAL, CREMATION, 23b. DA	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. LACE OF INJURY (AT HOME, FARM, STREEF, FA OFFICE BUILDING, ETC. hospital) attended the deceas we on 12 30 (1) (we) (did) (did not) view the d N. Weeks, M. ATE 23c. NAME OF	21c. HOW 21f. LOCA sed from 19 6 , ond to body after dec DEGREE D.	TION Street or R.F. hat in (my) (our oth. ATTENDING PHYS. 22e. ADDRESS 580 NC	(Enter noture D. No. 1955, t) opinion do MED. DIRECTOR 23d. 1	CAUSES OF DEATH? of injury in Part 1 or Po City or Town To 1-2/30 eoth occurred on the STAFF PHYS. CO Ave LOCATION (City or Town)	Coun 1968 22c. DATE SIC 1/2 Hagers	ty that (1) (4) haur and file file	State om
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner 21d. INJURY OCCURRED While Not while at work 22o. I certify that (I) (this sow the deceased alive couses stated above, 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) HOWATC 33a. BURIAL, CREMATION, 23b. DA	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. LACE OF INJURY (AT HOME, FARM, STREEF, FA OFFICE BUILDING, ETC. hospital) attended the deceas we on (1) (we) (did) (did not) view the d N. Weeks, M. TE 23c. NAME OF Rest	21c. HOW 21d. LOCA sed from 19 8, ond to body after dec DEGREE D. CEMETERY OR CR Haven C	TION Street or R.F. That in (my) (eur oth. ATTENDING PHYS. 22e. ADDRESS 580 NC EMATORY emetery	(Enter noture D. No. 1955, t) opinion do MED. DIRECTOR 23d. 1	CAUSES OF DEATH? of injury in Part 1 or Po City or Town TO 1-2/30 eoth occurred on the STAFF PHYS. COLORTION (City or Town) gerstown-Wo	Coun 1968 22c. DATE SIC 1/2 Hagers	ty, that (1) (4) thaur and file (1) (5) (5) (5) (5) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	State om



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pag. It and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours atter death.

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Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Types or primity Millard Filmere Shank Dec. Month Gy 1968 Man Month Gy 1968 Man Month Gy 1968 Man Gy	1 0	CEASED-NAME	First		Middle	LKIIII	Lost	LAIII	2o. DATE OF I	DEATH		-	-	126 1	JOHE
S. DAIE OF BIRTH S. DAIE OF				ad						Month	Day	7 Xe	920	20.	IUUK
Marie Mile Mile Marie Mile Mark	3 CE	Y	LITTIGI	_	LITHOLE				Dec		7			IF HNDER	24 HRS
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Shank			e or foreign			8					1K2.				
10. CHY OR TOWN OF DEATH Big Spring Md Street odders) Rural 120. USUAL OCCUPATION (Kind of work done) 120. USUAL OCCUPATION (Kind of work of	cani	try)	No Toreign												
Big Spring, Md. Rural 1 130. USUAL RESIDENCE (Where decreased lived, it institution: Residence before labe, country of the modern and institutions and institu	10 (OHANKU	DEATH TWO				77					TION KII	ND OF F	HICINICC	_
18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c). PART I DEATH WAS UNDERLYING Stating the underlying couse (c). PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. CONTRIGIUMS 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPS? 20. H YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH PINCH OF COURSED 19. CONTRIGIUMS 19. CO				giv	re street oddress)	arronon (ir ii	at iii naspiioi	during mas	t of warking l	ife, even if r	etired.)	INDUST	TRY _		
14. FATHER'S NAME	13a. odm	USUAL RESIDENC	E (Where decease				140	INSIDE CITY LIMIT	73		ABER				
Jacob # Shank Angeline # Eddy Address How No December Part County December Decemb											iddle			Lost	
Ide. WAS DECEASED EVER IN U.S. ARMED FORECTS Ide. SOCIAL SECURITY NO. 17. INFORMANT Name Farmant Stank Big Spring Md Address Addres	17.	_	1.821	.II					1	11		3 -2		LUSI	
Yes, Do, or Unknown	160		EVER IN ILS ARM	FD FORCES?		NO 17 1	NEORMANT	ne	7	Ac		aay	_		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).		es, na, or unknav	vn) (If yes give wo	or or dates of service)				rian	Shanl			ກາຳກ	CP.	Ma	
PART I. DEATH WAS CAUSED (a) MANUAL CAUSE (a)						774	riz oo rie	1111	Oliterati		5 0	1	PPROXIM		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lest. DUE TO, OR AS A CONSEQUENCE OF LOST CONTRIBUTION SCONTIRIBUTION CONTRIBUTION CONTRIBUT			ATH WAS CAUSED	BY:	1 . /	-	2 / 6	1	4 Di	201100		1361	WEEN UP	ISET AND E	EATH
Canditions, if any, which gove nise to immediate couse (a) stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART 2 LICENSTAND TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WASPERFORMED ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WASPERFORMED ### PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WASPERFORMED ### PART 2. OTHER SIGNIFICANT CONTRIBUTED ### PART 2. OTHER SIGNIFICANT CONTRIBUTION WASPERFORMED ### PART 2. OTHER SIGNIFICANT CONTRIBUTION CAUSES OF DEATH PORT 2. Item 18.) ### PART 2. OTHER SIGNIFICANT CONTRIBUTION CAUSES OF DEATH PORT 2. Item 18.) ### PART 2. OTHER SIGNIFICANT CONTRIBUTION CAUSES OF DEATH PORT 2. Item 18.) ### PART 2. OTHER SIGNIFICANT CONTRIBUTION CAUSES OF DEATH PORT 2. Item 18.) ### PART 2. OTHER SIGNIFICANT CAUSES OF DEATH PORT 2. ITEM 18.) ### PART 2. OTHER SIGNIFICANT CAUSES OF DEATH PORT 2. ITEM 18.) ### PART 2. OTHER SIGNIFICANT COURTED ### PART 2. OTHER SIGNIFICANT COURTED ### PART 2. OTHER SIGNIFICANT CAUSES OF DEATH PORT 2. ITEM 18.) ##		11.1=	IMMEDIA		16	(1) (1)	MERC	unn	1 1/4	JA WEST		1	0 3	200	
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19a Date of Operation 19b. Condition of Which Operation was performed 20a. Autopsy? 20b. If yes, were findings considered in Certifying Causes of Death? 21a. ACCIDENT WAS UNDERLYING 21b. Time of Injury 21c. HOW Injury Occurred (Enter nature of Injury in Port 1 or Port 2, Item 18.) 19 21d. Multiply Occurred 21c. How Injury occurred (Enter nature of Injury in Port 1 or Port 2, Item 18.) 21d. Multiply Occurred 21d. Multip			derlying couse	(c)	X arton	110011	Poller 1	Polit	RIAM					0	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1	ATION	19a. DATE OF OP	ERATION 19b. (ONDITION FOR V	VHICH OPERATION WAS PE			?			NDINGS C	ONSIDERED	IN CE	RTIFYING	,
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1	E						YES 🗆	NO Q	CAUSES	OF DEATH?					
The flow of work of wo	GR					21c. H	OW INJURY OCCUR	RED (Enter n	nature af injury	y in Port 1 or	Port 2,	Item 18.)			
The flow of work of wo	S					,	30 Y								
22a. I certify that (I) (this hospital) attended the deceased fram Spt 23, 19.6t, ta Dec 7, 19.6t, that (I) (we) last saw the deceased alive an OCT 5 and that in (my) (eur) apinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIBNATURE 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Edward W. Ditto M. D. 111 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL, CREMATION, PROVAL (Specify) BURIAL DIRECTOR ADDRESS 23c. RECCU BY REGISTRAR 256. RECC	ME	21d. INJURY O	CCURRED 21e.				OCATION Street or	R.F.D. Na.	City	or Town		Caunty		S	tote
saw the deceased alive an CCT 3 19 GB, and that in (my) (our) apinian death accurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIBNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYS. DIRECTOR PHYS. DIREC				e hospital) a	ttended the decorse	ad fram	ent 23	19.68	+ ta 1)	00.9	19	64	that	(I) (w	e) last
causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIBNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Edward W. Ditto M. D. 111 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 24. FUNCRAL DIRECTOR 25c. RECCO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		saw th	e deceased al	ive an CIC	+ 5	9 68 an	d that in (my)	(our) apini	ian death a	ccurred on	the do	ite and h	aur c	ind fro	m the
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE		causes	stated abave	, (I) (we) (die	d) (did nat) view the	bady after	death.						100		
NAME (Type) Edward W. Ditto M. D. 111 217W. Washington St. Hagerstown, Maryland 230. BURIAL (REMATION, REMOVAL (Specify)) Burial Dec. 12,1968 St. Pauls Cem. Western Pike Wash. Md. ADDRESS ADDRESS ADDRESS POEC 16 1978 EGISTRAR 25b. REGISTRAR'S SIGNATURE		226. SIBNATURE	way O	in 91	HO 71	DEGR		MEI	D. ECTOR	STAFF PHYS.				68	
230. BURIAL, CREMATION, PEMOVAL IS PECTUPE 12 St. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23d. BURIAL, CREMATION, PEMOVAL IS PECTUPE 12 St. Pauls Cem. Western Pike Wash. Md. 24. FUNERAL DIRECTOR 25g. REGISTRAR 25b. REGISTRAR'S SIGNATURE		22d. PHYSICIAN NAME (Typ	's e) Edward	W.Ditt	to M.D. 111				ington	St. Ha	ager	stown	n. Ma	רשינו	and
PEMOVAL (Specify) BUT 1 a 1 Dec. 12,1968 St. Pauls Cem. Western Pike Wash. Md. 24. FUNERAL DIRECTOR ADDRESS ADDRESS DEC. 12,1968 St. Pauls Cem. Western Pike Wash. Md.	230	BURIAL CREMAT	ION 235 F	ATE	23c NAME OF	CEMETERY OR									
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1.00.	REMOVAL (Speci			2 1060 0							,	'		
	24.			rec. I	ADDRESS	· Fa	ULS COM	a. REC'D BY	REGISTRAR				SIL		VICE -
Margaret Kouland Clear Spring Md DATE DE 1 10 1300 grants Julie	/	mana	nex Ho	wel 1	Clear Sn		Md. D.	ATE DEC	1 6 19	68	Cho	reas	June	400	

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Company Said Section Comments of the Research		

STATE DEPARTMENT OF HEALTH

18405

hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely mited in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove coloon papers. Page should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after

VR A15

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

18418

	ECEASED-NAME	Fi	rst	Midd	le	Lost		2a. DATE OF DE	44 46 6		2b. HOUR
((ype or print)	Art	hur	Clyd	е	Shifler	•	Decem	ber 14.	1968	4:10A M
3. 51	X		4. RACE			5. DATE OF	BIRTH	16	. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whi	te		March	26, 18	384	last birthdoy) YRS.	MONTHS DAYS	
	BIRTHPLACE (Stote	ar fareign	7b. CITIZEN (OF WHAT COUNTRY?	8. MARRI	EOM NEVER MA		9. COUNTY OF DI			
	nroe. M	d.	U. S.	A.	WIDOW		ORCED 🗌	Washin	gton		Md.
10. (ITY OR TOWN OF	DEATH		11. NAME OF HOSPIT				L OCCUPATION (K	ind af work dane		F BUSINESS OR
	lagersto			give street oddress)				mer	e, even if retired.)	Farm	ing
13a. odm	ission) STATE	(Where dec	eased lived, it in	stitution: Residence		OR TOWN	YES NO		T AND NUMBER		
	Marylan			ington		sboro	A	50	St. Paul	St.	
14.	FATHER'S NAME	First	Mid		Lost	IS. MOTHER'S I	MAIDEN NAME Fi	rst	Middle		Lost
		Otho		-	hifler		Ar	belia			Doub
16a	es, no or unknow	VER IN U.S. /	ARMED FORCES? Ive war ar dates of servi	16b. SOCIAL S		7. INFORMANT			50 8tes :		•
				216-14		rs. Guss	31e E. S	shifler,	Boonsbo	ro, Md.	XIMATE INTERVAL
	18. CAUSE OF I	DEATH (Enter ATH WAS CAL	only one couse p	per line for (a), (b)		al .	17	1		BETWEEN	ONSET AND DEATH
	PARI I. DE		EDIATE CAUSE (a)	- Ca	ncer	44	com	ach		(0)	neos
-6.1	15/9	1		OR AS A CONSEQU	ENEE OF	1-				2	1
	Canditions, if at		(b)	V	news	nould	Co			3,	aceps
	stating the und			OR AS A CONSEQU	ENCE OF					1 1 1	
	last.) (c)								
	PART 2. OTHER	SIGNIFICANT	CONDITION? CON	TRIBUTING TO DEAT	H BUI NOI RELATE	D TO THE TERMIN	AL DISEASE ORCO	UNDITION GIVEN I	N PAKI I(a)		
NO.	19a, DATE OF OPE	DATION III	OF CONDITION CO	IR WHICH OPERATION	WAS DEDEODATED	100- AUI	ODCVO	I not it vi	S, WERE FINDINGS	CONCIDEDED IN	CERTIFYING
CERTIFICATION	190. DATE OF OPE	KATION	70. CONDITION PO	K WHICH UPEKATIO	N WAS PERFORMED	20a. AU1		CAUSES O		CONSIDERED IN	CERTIFIING
ERT	21a. ACCIDENT	WAS LINDED!	VING TOTAL	ME OF INJURY	21	YES [nature of initial	in Part 1 or Port 2.	14am 10 1	
	OR CONTRIBUTING	G CAUSE OF	DEATH HOUR	A.M. Manth Do		HUW INJURT U	CCORRED (Enter	noture of injury	in Part I of Port 2,	, Item 18.)	
MEDICAL	(If either, natify 21d. INJURY OC		miner) Ne. PLACE OF INJ	P.M.	19 STREET, FACTORY, \ 21	. LOCATION Str		City or	T	County	State
	While Nat v	while	THE. PLACE OF IND	OFFICE BUILDING	, ETC.	LUCATION SIII	eel Ol K.P.D. No.	City of	TOWIT	County	Sidie
	at work at w		(this bosnital)	Attended the	deceased from	Acal	10 . 196	E to 8	22/4 10	oc 6 tha	it (I) (we) last
10				De la	19 K	and that in (r		<u> </u>	urred an the d		r and fram the
	couses	stated abo	ove, (I) (vi)	did) (did not) vi	ew the bady aft	er death.					
	22b. SIGNATURE	1	9 11	Pada	an am	ATTEND	ING MI	FD.	STAFF 22c	. DATE SIGNED	15
		- 1	1.000	Levio	110	PHYS.	DI	RECTOR L	PHYS.	2-14	,60
	22d. PHYSICIAN' NAME (Type		-W.L.	ellan	M-1	22e. AD	DRESS 30	Jano	800 9	nd.	
23a.	BURIAL, CREMAT		b. DATE	23c. N	IAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City or Town)	(Caunty)	(Stote)
	REMOVAL (Specif	(y)	12- 17-	68 Bo	onsboro (Cemetery		Boonsbe	oro, Wash	h. Co	Md.
	FUNERAL DIRECTO				ADDRESS		2Sa. REC'D BY	Y REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	
Jo	hn H. B	ast, J	r. 112	N. Main	St. Boons	sboro, M	DATE UE	18 196	18 your	mes fo	edge
-								-	- 10		200

John H. Bang, dr. 112 M. Hain St. Boomgacry, Md., CEC 1 & 1258 Rienes, L. a.

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06	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10 01	CPDTIFICATE OF DEATH

	1849)G	MARYLA VISION OF VITAL RECORD		EPARTMENT OF		RYLAND 21201		SIX -
I	tem6 Fil	mG408 1/			TE OF DEATH		KIDAND ZIZOI	184	19
	ECEASED-NAME Type or print)	Edward	Middle E	Sh	lost ipe	2a. DATE OF	December 2	7, 1968	2b. HOUR 3:40PP
3. SI	Male	4	RACE White		DATE OF BIRTH August 18,	1875	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
COU	BIRTHPLACE (State of the office of the offic		CITIZEN OF WHAT COUNTRY? USA	WIDOWED			HINGTON		Md.
10. (HAGERSTO		11. NAME OF HOSPITAL OR WESTERN'S)MD.				(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE ission) STATE Mary	1	ved, if institution: Residence befor 3b. COUNTY Washington		OWN 13d. INSIDE CIT	TY LIMITS? 13e. ST	So Locu		
14.	FATHER'S NAME	First uther SI	Middle Last	15.	MOTHER'S MAIDEN NAME Lana S		Middle		Last
		ER IN U.S. ARMED F	ORCES? 16b. SOCIAL SECURIT		ORMANT Belle C1		Address 5 So Loc	nst St	
	18. CAUSE OF D	EATH (Enter anly on TH WAS CAUSED BY:	ne couse per line far (a), (b), ond (Hage	rstown		APPROXII	MATE INTERVAL DISSET AND DEATH
	Conditions, if any rise to immedia stating the underlast. PART 2. OTHER S	y, which gove te cause (a), erlying couse	AUSE (o) Cerebi DUE TO, OR AS A CONSEQUENCE ((b) General DUE TO, OR AS A CONSEQUENCE ((c) ONS CONTRIBUTING TO DEATH BUT	of alized a	rterioscler		N IN PART 1(a)	unkı	_days
CERTIFICATION	190. DATE OF OPER	RATION 19b. COND	DITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO	CALISE	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN CI	ERTIFYING
MEDICAL CER	21o. ACCIDENT W		21b. TIME OF INJURY HOUR A.M. Manth Doy Ye P.M.		INJURY OCCURRED (Er	nter noture of inju	ory in Part 1 ar Port 2,	Item 18.)	
WE	21d. INJURY OCC While Nat w	URRED 21e. PLAC	E OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCA	ATION Street or R.F.D.	No. City	ar Tawn	County	State
	22o. I certify sow the couses s	that (I) (this he deceased alive toted above, (I)	ospitol) ottended the dece on <u>December 27</u> (we) (did) (did not) view th	osed from 8, 19,68, ond e body ofter de	<u>/28</u> , 19 thot in (my) ≾∞∞) c oth.	2_67 , to opinion deoth	occurred on the d	0_68_, that ote and hour	(I) (MORC) lost ond from the
	22b. SIGNATURE	Bomingo	A. Lancia	DEGREE	1111-01	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED 2/27/68	
	22d. PHYSICIAN'S NAME (Type)	Doming	o A. Garcia, M.	D.	22e. ADDRESS We	stern Ma	aryland St	ate Hosp	pital
	BURIAL, CREMATIC	1 .12/3	,	Haven (Hagers	ON (City or Town) StownWash		(State)
	Andrew		man Funeral	SS Home In	DAT DE	C 3 I 19		s signature	ye.

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STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 05	CLACED HAME	Ti			Middle		Last		DATE OF DEATH			Tak mana
	CEASED-NAME ype or print)	First						20	Mor		Year	2b. HOUR
3. SE:		arold	4. RACE	Willi	.am	Sigle	. DATE OF BIRTH		December		968	9:00A IF UNDER 24 HRS.
				a				4.000	lost b	(in years irthdoy)	MONTHS DAYS	HOURS MIN
_	Male SIRTHPLACE (State or for	aion I7h	Whi	F WHAT COU	CVOTIA		Jan.16,		OUNTY OF DEATH	YRS.	11 11	
coun	try)				MIKE	WIDOWED	NEVER MARRIED DIVORCED					
	iddletown,			S. A.	IOSPITAL OR IN	STITUTION (If not			Washingt CUPATION (Kind of		12b. KIND OF	BLICINESS OF
	Boonsboro			give street add				during mast of	f working life, eve		INDUSTRY	
13a.	USUAL RESIDENCE (When	re deceased	lived, if in	stitutian: Resi	idence before	13c. CITY OR TO	OWN 13d. I	Mainta INSIDE CITY LIMITS?	13e. STREET AND	NUMBER	Aircraf	L
odmi;	ssion) STATE Maryland		13b, COUN	hingto	m	Boonsho	YES	NO NO	Rfd. 2			
	ATHER'S NAME Firs	t	Mid		Lost		MOTHER'S MAIDER	N NAME First	112 11 - 2	Middle		Last
	John	n		S	Sigler			Lucy			Bowl	11.0
16a.	WAS DECEASED EVER IN			16b. SO	CIAL SECURITY	NO. 17. INF	ORMANT			Address		
	es, no, or unknown)				10-43	3h Mrs	Franc	is R. S	Migler, B	fd 2	Roonal	ore. N
	18. CAUSE OF DEATH			per line for (a	i), (b), and (c).						APPROXI	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WA	AS CAUSED B		()	202	con	acela	ni Gr			bo	2(12)
	4109		, ,		SEQUENCE OF	1		1	/			
	Conditions, if ony, whi	ch gave)	, ,			1	Kerch	ic hs	earl di	(12h -		
	Conditions, if ony, whi rise to immediate con stating the underlying	ch gave) use (o),(DUE TO,	OR AS A COM		1	Kerch	ic hs	earl di	1/en_		
	rise ta immediate ca	ch gave) use (o),(DUE TO,	OR AS A COM	SEQUENCE OF	1	Kerch	ic hs	acid di	//en_		
	rise to immediate co stating the underlying	ch gave use (o), g couse	DUE TO, (b) DUE TO, (c)	OR AS A COM	NSEQUENCE OF NSEQUENCE OF	is sc				1 / eu		
NC	rise to immediate car stating the underlying last.	ch gave) use (o), g couse CANT CONDI	DUE TO, (b) DUE TO, (c)	OR AS A COM	NSEQUENCE OF NSEQUENCE OF	of related to			TION GIVEN IN PAR			
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RTIFICATION	rise to immediate constating the underlying last. PART 2. OTHER SIGNIFI 420 190. DATE OF OPERATION	ch gave) use (o), (g couse) CANT CONDI	DUE TO, (b) DUE TO, (c) TIONS CON	OR AS A COM OR AS A COM TRIBUTING TO	NSEQUENCE OF DEATH BUT NO RATION WAS PE	OT RELATED TO T	THE TERMINAL DIS	SEASE OR CONDI	TION GIVEN IN PAR 20b. IF YES, WE CAUSES OF DEAT	RE FINDINGS C TH?		ERTIFYING
AL CERTIFICATION	rise to immediate constating the underlying last. PART 2. OTHER SIGNIFI 4 20 190. DATE OF OPERATION 21a. ACCIDENT WAS U	ch gave) use (o), g couse CANT CONDI 1 19b. CO	DUE TO, (b) DUE TO, (c) TIONS CON NOITION FO	OR AS A COM OR AS A COM TRIBUTING TO OR WHICH OPER ME OF INJURY	NSEQUENCE OF DEATH BUT NO	OT RELATED TO 1 RFORMED 21c. HOW	THE TERMINAL DIS	SEASE OR CONDI	TION GIVEN IN PAR	RE FINDINGS C TH?		ERTIFYING
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 197 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours uiter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate Page 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

Page 4 may be retoined by the hospital or attending physician.

CERTIFICATE OF DEATH

DECEASED-NAME (Type or print)	First Edw	in	Middle Bruce	Smi	Last th		of DEATH	70gy 19168	2b. HOUR
3. SEX male		4. RACE	white	S	DATE OF BIRTH Sept. 19,	1892	6. AGE (In years last, birthday)	IF UNDER 1 YEAR MOINTINS DAYS	IF UNDER 24 HRS.
7a. BIRTHPLACE (State country) Mary1	ar fareign .and	76. CITIZEN OF V	WHAT COUNTRY? SA	8. MARRIED X	NEVER MARRIED DIVORCED	9. COUNTY Wash	OF DEATH nington		Md
10. CITY OR TOWN OF I Hagerstow			NAME OF HOSPITAL OR INS Wash Co.	Hospi			ON (Kind of work do ing life, even if retire perator	ane 12b. KIND 0 INDUSTRY Ra:	ilroad
13a. USUAL RESIDENCE admissian) STATE	(Where deceas Id. •	ed lived, if instit 13b. COUNTY	witian: Residence befare	13c. CITY OR TO Hagers		13e.	STREET AND NUMBER		St.
14. FATHER'S NAME	First Willi	am Smi					Boward.	e	Last
16a. WAS DECEASED EV Yes, na, ar unknawn 110	ER IN U.S. ARM) (If yes give w	NED FORCES? ar ar dates of service)	705-10-5		ORMANT Cllen Smit	h, Ha	Addres Agerstown	n, Md.	DXIMATE INTERVAL
Canditions, if any rise to immedia stating the under last.	te cause (a), erlying cause	(b) DUE TO, OR (c) IDITIONS CONTRIE	Peritor AS A CONSEQUENCE OF BUTING TO DEATH BUT N	OT RELATED TO T	and ilius HE TERMINAL DISEASE OR A ase, emphy	CONDITION G	IVEN IN PART 1(a)		276
19a. DATE OF OPER			HICH OPERATION WAS PE		20a. AUTOPSY? YES NO	20b	IF YES, WERE FINDING	GS CONSIDERED IN	CERTIFYING
OR CONTRIBUTING (If either, natify i 2 Id. INJURY OCCI While Nat wa at wark at wa	CAUSE OF DEAT medical examin URRED 21e. hile 1	N HOUR A.M ner) P.M PLACE OF INJURY	I. Manth Day Year I. 19 (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	INJURY OCCURRED (Ente	j. (City ar Tawn	Caunty	State
saw the causes st 22b. SIGNATURE	deceased a tated above	live an	12/27/ 1) kid not view the	bady after de	ATTENDING -	MED. r		22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)	Но	ward N	. Weeks	LT • D DEGREE	PHYS. &	DIRECTOR	STAFF PHYS. □ Lhern Ave	12/28/6 e., Hage Mary	erstown yland
23a. BURIAL, CREMATIC BEMOVAL (Specify	1	2-30-6	8 Rose	CEMETERY OR CE	emeterv	На	ATION (City or Town) gerstowr		(State)
24. FUNERAL DIRECTOR	h Fun	eral H	ome, Hage	rstown	, Md 2Sa. REC'D E	BY REGISTRAI		RAR'S SIGNATURE	udak.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hab VR A15 (4) 30M REV. 1/68

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	De la			F461 50 (Kmg)

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	1				CEKTIFIC	AIE OF DEATH				
	ECEASED-NAME	First		Middle		Lost	2a. DATE O		4 v	2b. HOUR
(Type or print)	EMMA		JANE		SMITH	DECEM	IBER Month 15 D	by 68 teor	12.40
3. SI	EX		4. RACE	Alexander Men		S. DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEA	
3.7	FEMALE			WHITE		FEBRUARY 26	5, 1878	90 YRS		113 HOOKS MIN.
70.	BIRTHPLACE (State	ar fareign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	F DEATH		
COO	MARYLA	ND	U.	S.A.	WIDOWED		WASH	INGTON		Md.
10.	CITY OR TOWN OF	DEATH		11. NAME OF HOSPITAL OR II give street address)	NSTITUTION (If n		UAL OCCUPATION	(Kind of work done	12b. KIND	OF BUSINESS OR
	LAGERSTO			AVALON MANO				Life, even if retired.)	OWN	HOME
	ission) STATE	E (Where deceos	ed lived, if 13b. COI	institution: Residence before INTY WASHINGTON	HAGER	YES	NO 22	REET AND NUMBER	ERRY ST	۲.
14.	FATHER'S NAME	First	Mi	ddle Lost	1:	S. MOTHER'S MAIDEN NAME	First	Middle		Lost
		JEROME		BRITNE	ER	CAF	ROLYN		UI	NKNOWN
	. WAS DECEASED	EVER IN U.S. ARM		16b. SOCIAL SECURITY		NFORMANT-		227 Address		ERRY ST.
'	res, no, or unknov NO	/n) (IT yes give w	var ar dates of ser	213-10-68	392 BMR	. CLAUDE SMI	WH	HAGERSTO	WN. MAF	RYLAND
	18. CAUSE OF	DEATH (Enter an	lγ ane cause	per line for (a) (b) and (c	(1)					ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSE	D BY: ATE CAUSE (a	Cerebral V	ascula	r Accident			, 3	days
	4120				F		2.		4.0	
10		ny, which gove		O, OR AS A CONSEQUENCE O Hypertensi	ive Car	diov ascular	Diseas	е	18	years
П	stating the un	ate cause (a), derlying cause(O, OR AS A CONSEQUENCE O	F		177			
	last. 443	3 X		c)						
	PART 2. OTHER	SIGNIFICANT COL	NDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED T	THE TERMINAL DISEASE OF	R CONDITION GIVI	EN IN PART 1(a)		
N	urinar	y Tract	Intec	tion. Hemorr	rnage I	rom G.I.Trac				
CERTIFICATION	19a. DATE OF OP	ERATION 19b.	CONDITION F	OR WHICH OPERATION WAS P	PERFORMED	20a. AUTOPSY? YES \ NO \	CAUCE	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED II	N CERTIFYING
CERT	21a. ACCIDENT	WAS UNDERLYIN	IG 21b.	TIME OF INJURY	[21c. H	OW INJURY OCCURRED (En		ury in Part 1 or Part 2	, Item 18.)	
MEDICAL		G CAUSE OF DEAT		R A.M. Manth Day Yea	nr 19					
MED	21d. INJURY OF	CURRED 21e.		ITTIRY / AT HOME, FARM, STREET, F		OCATION Street or R.F.D. N	lo. City	or Town	County	State
	While Nat	while		OFFICE BUILDING, ETC.	/		360 N			
	22a. L certif	v that (1) (th	i hackiya	attended the decea	sed from N	ov 18 19	68 , to D	ec 15	968 , th	nat (I) (we) last
	saw th	e deceased a	live on	Dec 14	17 00, an	a that in (my) (wur) o	pinian death	accurred an the d	ate and ho	ur and from the
			e, (I) (XXX	(did nat) view the	e body after	death.		1 00	DATE CIONED	
	22b. SIGNATURE	. 1	-to	man ha	DEGI	REE PHYS.	MED.	STAFF -	2/16/68	
	228 PHYSICIAN	O.		The state of the s	DEGI	REE PHYS. LXJ	DIRECTOR L	PHYS. L	2/10/00	9
	NAME (Typ	-	AM T.	LAYMAN, M.D			TIETAM S	T., HAGER	STOWN,	MD.
230	BURIAL, CREMAT				F CEMETERY OR			ON (City ar Town)	(County)	(State)
200	REMOVAL (Speci		12/18			CEMETERY		STOWN. WAS	, ,	
24.	FUNERAL DIRECT	OR)	12/10	ADDRES			BY REGISTRAR	2Sb. REGISTRAR		Ng Pilla
(Skalles	Sn Kan	55-	HAGERSTOW	MARY	LAND DATE DE	C 2 0 1	968 leli	anles S	udal
		/	/	DIAMETERS AND LA MAR	171			- 7 7	V	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Page should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expecuted Page 4 may be retained by the haspital ar attending physician.

within 24 haurs after death.

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1. DECEASED-NAME (Type or print) GLENI	OORA GERTRI	UDE SNYD	ËR	DECEMB	BARBOTH 8 DAY	968 _{rear}	PA HOUR
3. SEX FEMALE	4. RACE WHITE	S. DA	10/9/1890		AGE (In years ast birtheay) YRS.	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign county) RYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NE	/ER MARRIED 9. DIVDRCED 9.	WASH	INGTON		Md
10. CITY OR TOWN OF DEATH HAGERSTOWN	11. NAME OF HOSPITAL OF HOSPITAL OF WASH OF HOSPITAL O				nd af wark dane even if retired.)	12b. KIND OF INDUSTRY HOM	BUSINESS OR
13a. USUAL RESIDENCE (Where decease admission MARY IA ND	d lived, if institution: Residence before 13b. COUNTYSHINGTON				OAK HI	LL AVE	
14. FATHER'S NAME First CHARLES	Middle Las		HER'S MAIDEN NAME Firs		Middle	LANTZ	Last
16a. WAS DECEASED EVER IN U.S. ARMI Yes no ar unknawn) (If yes give wa	D FORCES? r or dates of service) 216-22-			SNYDER	HA GERS	STOWN	

a	MATELLIAMO	O.D.A.	MIDOMED	DIADKCED	MADUTINGTON	Mo
	CITY OR TOWN OF DEATH HAGERSTOWN	11. NAME OF HOSPITAL OR INS			CUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
13a. adm	USUAL RESIDENCE (Where decease issian MARY IAND	sed lived, if institution: Residence before	13c. CITY OR TOW LAGERS I		13e. STREET AND NUMBER 801 OAK HI	LL AVE
14. 1	FATHER'S NAME First	Middle Last	15. MC	OTHER'S MAIDEN NAME First	Middle	Last
	CHARLES	D. WAGAMAN		LULA		LANTZ
16a. Y	(expoar unknown) (If yes give w	was as dates of service)		MANT JOHN S. S	HAGER SNYDER M	D.
	PART I. DEATH WAS CAUSE	DIY: DETERMINE (a) DIE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF	al Co	bulas pri udosu' +	complete	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 4-5 days 8 days
CERTIFICATION	3 3 X 19a. DATE OF OPERATION 19b.	NDITIONS CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION WAS PER	OT RELATED TO THI	E TERMINAL DISEASE OR CONDI 20a. AUTOPSY? YES NO 4	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF OEAT (If either, natify medical exami	TH HOUR A.M. Manth Day Year p.M. 19		NJURY OCCURRED (Enter natu	re of injury in Part 1 ar Part 2,	Item 18.)
ME	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		ON Street ar R.F.D. Na.	City ar Tawn	Caunty State
	saw the deceased a	his hospital) ottended the deceose live on 1 c 1 live on	9 <u>68</u> , and th	ot in (my) (our) opinion	to Dec & 19 death occurred on the do	65, that (I) (we) lass ate and hour and from the
	226. SHONATURE Schwar Cir	J. Ditto III, 1	DEGREE	ATTENDING MED. PHYS. DIRECT	OR STAFF PHYS.	DATE SIGNED $2-9-68$
	22d. PHYSICIAN'S NAME (Type) Edwar	d W. Ditto, III, M.	D.		Washington St town, Maryland	
23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF (EMETERY OR CRE	MATORY 23c	l. LOCATION (City or Town)	(Caunty) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papery. Rages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

24.

168 FUNERAL DIRECTOR

ROSE

HA GERSTOWN
25g. REC'D BY REGISTRAR
25b. REG
DATE DEC 1 3 1968

ERSTOWN WASH.

R 25b. REGISTRAR'S SIGNATURE

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У	es, no, ar unknawn)	(If yes give war or dates of service)	none	Mrs.	Mary	E.	Helleman, N	ic Conne	llsburg
1	18. CAUSE OF DEATH PART I. DEATH W	(Enter anly one cause per lin AS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c).)	yo can	dial	do	faceline		PROXIMATE INTERVAL EEN ONSET AND DEATH
	Canditians, if any, wh	ich gave) use (a),	S A CONSEQUENCE OF	eler	oli ,	He	ut Direin	cy	ears
	stating the underlyin	(c)							
N	PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE T	ERMINAL DISEASE	ORCON	DITION GIVEN IN PART 1(a)		
A LA	19a. DATE OF OPERATIO	N 19b. CONDITION FOR WHI	CH OPERATION WAS PERFORM		a. AUTOPSY? YES NO		20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED !	N CERTIFYING
EDITAL CE	21a. ACCIDENT WAS L ☐ OR CONTRIBUTING ☐ CI (If either, notify media	AUSE OF DEATH HOUR A.M. cal examiner) P.M.	Manth Day Year 19	1.74			ature of injury in Part 1 or Par	rt 2, Item 18.)	
W.	21d. INJURY OCCURRE While Nat while at wark at wark	D 21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION	Street or R.F.D.	. Na.	City or Town	County	State
	sow the dec	t (I) (t his hospital) otte eased olive on d abave, (I) (we) (did) (2/6819	_, ond that	in (my) (our)	opinio	on death occurred an the	, 19 <u>4</u> , tl e dote ond ho	hat (I) (we) last our ond from the
	22b. SIGNATURE	Edron	& Marchy	PRESERVE	PHYS.	MED DIRE	CTOR STAFF PHYS.	22c. DATE SIGNED	48
	22d. PHYSICIAN'S NAME (Type)	Edson B.	Moody /	2	^{2e} ADDRESS C1	eve	land Ave.,	Hag.,	Md.
	BURIAL, CREMATION, PEMOVAL (Specify)	23b. DATE 12-5-68	23c. NAME OF CEMETE Union C			N	23d. LOCATION (City or Town) IcConnellsbu	irg, (County)	(State)
4.	FUNERAL DIRECTOR Kelso Fu	neral Home	, McConnell	lsbur	2So. REC			RAR'S SIGNATURE	udge
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STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME	First	Middle	C.T.	Lost		2a. DATE OF		y Ω Yeor	2b. HOUR
(1	ype or print)	LORENA	C.	ST	EIGER			c.MT2, 198	38	3:30m
I. SE	X Female	4. RACE	White		S. DATE OF BIRTH		9	6. AGE (In years lost birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
a. E	BIRTHPLACE (State or fortry) anklin C		N OF WHAT COUNTRY?	8. MARRIED [WIDOWED]	NEVER MARRIE		COUNTY OF	DEATH ington		Md
0. 0	agerstow	Н	11. NAME OF HOSPITAL OR IN give street oddress) AValon Me	STITUTION (If no		during most	of working!	(Kind of work done ife, even if retired.)	12b. KIND OF INDUSTRY Appar	
l3a. admi	USUAL RESIDENCE (Whissian) STATE Md	ere deceosed lived, if 13b. CC	institution: Residence before DUNWashington	13c, CITY OR Hage	rstown 13d	INSIDE CITY LIMITS		EET AND NUMBER 2 S. Pros	spect	
14. F		eorge	S. Cove	3		ry Ca		ne Narc]	Leroad	Last
16a. Y	WAS DECEASED EVER	N U.S. ARMED FORCES (If yes give war or dates of s	? 16b. SOCIAL SECURITY 203-10-6	NO. 17. II 5498 R	ormant alph B	.Myer	461 s Col	l Guada C	ord Rd.	
	1538	VAS CAUSED BY: IMMEDIATE CAUSE (DUE 1	e per line for (o), (b), and (c) O) Mr fa Sya Fa TO, OR AS A CONSEQUENCE OF).)					APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if any, w rise to immediate c stating the underlyi last. PART 2. OTHER SIGNI	ng cause DUE	(b)							
CERTIFICATION	1538 19a. DATE OF OPERATIO		FOR WHICH OPERATION WAS P		20o. AUTOPSY		20b. IF	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CI	168 ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	(AUSE OF DEATH HOL		19				y in Part 1 or Part 2,		51-11
-	21d. INJURY OCCURR While Nat while at wark		NJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.					or Town	County	State
	saw the de	reased alive on	ol) ottended the decease (did) (did not) view the	1968, and	thot in (mv)	7 , 19 <u>17</u> (our) apinio	ta an death a	ccurred on the d	ote and haur	(I) (we) las ond from the
	22b. SIGNATURE	Sohn Its	tom lake &	DEGR			CTOR L	STAFF PHYS.	DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type)	TOHN H. H	PRNBAKER, M	·D.	22e. ADDRES	HAGH	ERSTOW	WASHING IN Md.	TON ST.,	
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/15/	68 23c. NAME OF	CEMETERY OR	Cem.		Merce	N (City or Town)		(State) In Pa.
24.	FUNERAL DIRECTOR	henger.	Mercus	/			REGISTRAR	2Sb. REGISTRAR		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fudirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after VR A15 (4) 30M REV, 1/68

within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be

Page 4 may be retained by the haspital ar attending physician.

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III.	Total Manager State of	12	and al
	23 - 6246, 51.394		
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MARYLAND STATE DEPARTMENT OF HEALTH

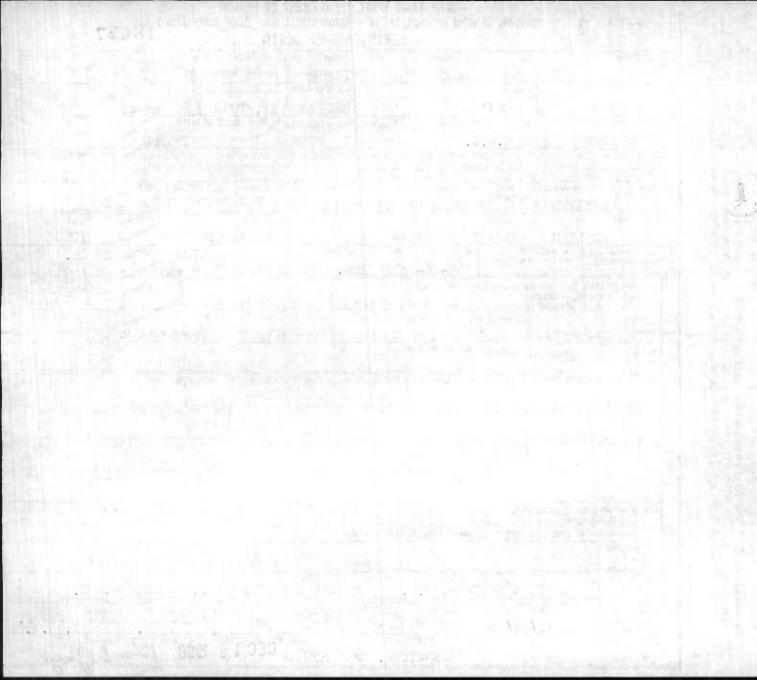
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27 CERTIFICATE OF DEATH

DECEASED-NAME	First		Middle	CLKIIII	Lost	DLAIII	20. DATE O	F DEATH		2b. HOU
(Type or print)		CARETH	YOCOM	C		7		Month D	oy 68 Yeor	
3. SEX	E) Lil 4	4. RACE	TOCOM	٥	TICKNEY 5. DATE OF B		DECEM	6. AGE (In years	IF UNDER 1 YEAR	I IF UNDER 24 HI
FEMALE		WHI	TE		DECEM		1902	last birthdoy)	MONTHS DAYS	HOURS M
7o. BIRTHPLACE (Stote o	r foreign		WHAT COUNTRY?	8. MARRIED	☐ NEVER MA		9. COUNTY O			
country) NEW YOR	K		.A.	WIDOWED	DIVO	RCED 🗌	WA	SHINGTON	1.71	
ID. CITY OR TOWN OF D HAGERSTOW	EATH	11. giv	NAME OF HOSPITAL OR IN estreet address) 1704 CREST	ISTITUTION (IF	not in hospitol		ost of working	N (Kind of work done g life, even if retired.)	INDUSTRY	BUSINESS OR COMPAN
130. USUAL RESIDENCE (odmission) STATE MAR	Where deceo	sed lived, if institution 13b. COUNTY				13d. INSIDE CITY L		TREET AND NUMBER 704 CREST	DRIVE	
14. FATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S M	AIDEN NAME I	First	Middle		Lost
WI	LLIAM	HOWA	RD MERSER	EAU		EI	IZABET	Н	YO	COM
160. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. AR	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY		INFORMANT			1704 Address	REST DR	•
NO			136-26-8	291 M	RS. WAE	REN JC	HNSON	HAGERSTOWN		
18. CAUSE OF DE. PART I. DEATI	LAMBE CALLER	D DV	Sub 2 r 2	1	oid 1	temo	hrz	۔ و ما	BETWEEN	ONSET AND DEATH
4300	9	DUE TO, OI	R AS A CONSEQUENCE OF				(2	
Conditions, if ony, rise to immediate		(b)	Arterio		rotic	. NS	1000	D12886.	2 ,	
stoting the under	lying couse		R AS A CONSEQUENCE OF	5.00	•			Contract of	A SECTION	
_	NUCLEANT CO.	(c)	DISTINC TO DEATH BUT A	OT DELATED I	O THE TERMINA	1 DICTACE OD	CONDITION CIV	TAL IN DADY 1/)		
PART 2. OTHER SIG	INIFICANT CO	NUTTIONS CONTRE	BUTING TO DEATH BUT N	NOT KELATED I	U THE TERMINA	IL DISEASE UK	CONDITION GIV	EN IN PAKT I(0)		
190. DATE OF OPERA	TION 119b	CONDITION FOR V	VHICH OPERATION WAS P	FREORMED	20g. AUTO	PSY?	120h 1	F YES. WERE FINDINGS	CONSIDERED IN	FRTIFYING
KTIFICA			THE O'L KANON WAS I	ENI ONINED	YES [CALIST	S OF DEATH?	CONSIDERED III	-
210. ACCIDENT WA	CAUSE OF DEA	TH HOUR A.A			IOW INJURY OC	CURRED (Ente	er noture of inju	ery in Port 1 or Port 2	, Item 18.)	
21d. INJURY OCCU While Not who of work of wor	RRFD 21e		Y (AT HOME, FARM, STREET, FA		OCATION Stre	et or R.F.D. No). Cit	y or Town	County	Stote
22a. I certify	that (I) (the	live an	ttended the decease D & C · // d) (d id no t) view the	19 68, ar	nd that in (m	y) (gại) api	63, ta_l inian death) ec. ·// , 1 accurred an the a	9 <u>68</u> , tha late and haur	t (I) (&&) I and fram t
22b. SIGNATURE	21	a · /	Lolln	DEG	11113.	ا لجا	MED.	CTAFF	. DATE SIGNED 2/12/68	
22d. PHYSICIAN'S NAME (Type)	LLC	OYD A HE	FFMAN, M.D	•	22e. ADI 214		MAC ST	.,HAGERSTO	WN, MD.	
230. BURIAL, CREMATION), 23b.		1:47 (16)14	11/2/2	CREMATORY CREMATIC		34) () L.	ON (City or Town)	UNION)	NEW J
24. EUNERAL DIRECTOR			ADDRESS HAGERST		ARYLANI		C 1 6	1968 REGISTRAR	'S SIGNATURE	edal

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comparely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18428

		CER	TIFICATE OF DE	АІП		-0100	
1. DECEASED-NAME	First	Middle	Last	2a. D/	ATE OF DEATH		2b. HOUR
(Type or print)	Karl	Oliver	Stoner	De	cember 20	1968	A
. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
Male		White	July 1	.1909	59 YR		mooks min.
(Stote or	foreign 7b. CITIZEN		MARRIED NEVER MARRIED		TY OF DEATH		
dagerstown	r, Md.	OE AL	IDOWED DIVORCED		Washington		Mo
O. CITY OR TOWN OF DEA		11. NAME OF HOSPITAL OR INSTITUT	TION (If not in haspital	12a. USUAL OCCUP during post of wo	ATION (Kind of work dan	12b. KIND OF B	SUSINESS OR
Hagers		give street address) Potomo			orking life, even if retired.	Hircr	aft
admission) STATE	here deceased lived, it	INTY .	VEC		13e. STREET AND NUMBER	C+	
			agersnown		21 S. Potomas	2010	1
		ddle lost cob Stoner	1S. MOTHER'S MAIDER	_	-	ν.	LOST
160. WAS DECEASED EVER			17. INFORMANT	Annie	Agnes	Kee	ay
Yes, no, or unknown)	(If yes give war or dates of ser			2000 21	S. Potomac S	+ 11+	M.I
IN CAUCE OF DEAL	PM (C-4)		MAN VOL	oner 21	a.Polomac a	APPROXIM	AATE INTERVAL
	WAS CAUSED BY:	per line far (a), (b), and (c).)	- t	,	10.1110		NSET AND DEATH
4120	IMMEDIATE CAUSE (a		arryca	mia	Chapaple	min	ul es
Canditians, if any,		O, OR AS A CONSEQUENCE OF	10 to	4	Dur	11.	
rise to immediate	couse (a), (O, OR AS A CONSEQUENCE OF	devolle 1	reavi s	riseas e	YE	ours -
stating the underly	ring cause), OK AS A CONSEQUENCE OF				24	
PART 2. OTHER SIGN	HIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DIS	EASE OR CONDITION	N GIVEN IN PART I(o)		
× 4200							
190. DATE OF OPERAT	ION 19b. CONDITION F	OR WHICH OPERATION WAS PERFOR	MED 20a. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
EII .			YES 🗆	NO 🗌	CAUSES OF DEATH?		
		IME OF INJURY	21c. HOW INJURY OCCURR	ED (Enter nature	af injury in Part 1 ar Port	2, Item 18.)	
OR CONTRIBUTING [A.M. Month Day Year P.M. 19		`			
ZIG. HIJORI OCCOR	RED 21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or	R.F.D. Na.	City or Town	County	State
While Nat while					Carry Charles		
22a. I certify t	nat (1) (this hospital) ottended the deceosed f	ram Jan	_, 1962, 1	o Dec,	9 <u>6</u> , that	(1) (we) las
saw the de	eceased alive on	(did) (did nat) view the body	and that in (my) (our) opinion de	eath accurred on the	dote ond hour o	ind from the
22b. SIGNATURE		total (did har) view me bod			22	c. DATE SIGNED	4
(An	Q CA	Much	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	12-23	-68
22d. PHYSICIAN'S	-1 1/1	00	22e. ADDRESS		710	// -	- 4
NAME (Type)	Charles	a spencer	220	1455. Pm	ospect st.	Hagehsi	desh Md
230. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d. L	OCATION (City ar Tawn)	(County)	(State)
BEMOVAL (Specify)	/ 12/23		wen Cemetery	H	agerstown-We	shington	Md
24. FUNERAL DIRECTOR	1 Ru G. 1	YOR ADDRESS	250	. REC'D BY REGIST	RAR 2Sb. REGISTRA	R'S SIGNATURE	E PARTY SA
Post House	in Amoreal	Chanal Hazara	tame Md DA	TEDEC 27	1968 200	arles lus	Lac.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the property director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, Tape 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the degi

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december.	a material to	Summer Co. T. A.	TA - SPEC-CE-FIL			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18429 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month 2b. HOUR (Type or Print) JOHN EDWARD STONESIFER ESTI-0 PM3. Page ent of DEATH MATED 3. SEX Male 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d HOUR MonDecember 1-11-1906 62 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH atong with form Give Pages 1, Corroll Co DIVORCED U.S.A. WIDOWED [Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Washington Co. Hospital Trackman Hagerstown and 2 with the 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Corroll ours a Tanaytown R.D.2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Minnie John A. Stonesifer Fleagle 24 in should be forwarded to the Chief Medicol Examiner's poges hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT pencil This certificate should be executed within (Yes no or unknown) (If yes give war or dotes of service) 1705-10-5297 Blenora K. Stonesifer Taneytown Md. File within permit. 1 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH pending PART I. DEATH WAS CAUSED BY: Osha IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D 00 be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? necessory, please execute the certificate, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE THE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry ond in my opinion the funeral director. death resulted fram: Natural causes Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED 1/1/69 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) WASHINGTON 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 1-3-69 Keesville, Cemetery Keesville, Maryland APPRESCreager Raymond 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Thurmont, Md. DATE IAN

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23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

DATE DEC 1 6 1968

Williamsport

(County)

Wash

2Sb. REGISTRAR'S SIGNATURE

Ochanter

(State)

admission) STATE 14. FATHER'S NAME First Rufus 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave) nse ta immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 m +0 52+ com2 - 5 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED While Nat while at wark 22a. I certify that (1) (this hespital) attended the deceased from 11/1/2, 1964, to D = C-/2, 1965, that (1) (we) last sow the deceased alive on D = C-/2 1965, and that in (my) (que) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. OATE SIGNED PHYS DIRECTOR 22e. ADDRESS PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Greenlawn Cemetery

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detache should be filed with the State Dept. 23a. BURIAL, CREMATION, 24. FUNERAL DIRECTOR 30M REV. 1/447

1. DECEASED-NAME

3. SEX

(Type or print)

Male

10. CITY OR TOWN OF DEATH

Hagerstown

NAME (Type)

BUT YAL (Specify)

23b. DATE

Dec. 15-68

Mr. Albert L. Leaf Williamsport Md.

7a. BIRTHPLACE (State or foreign

Indiana

completely filled in by the Puneral rove corbon papers. Pages 1 and 2 yeent, within 72 hours after death.

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OR ATTENDING PHYSICIAN: The low requires that the death certificate by

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF

	W. PRESTON STREET, TIFICATE OF DEA	BALTIMORE, MARYLAND 21201	18431
CLK	IIIICAIL OI DLA	111	
Middle	last	20 DATE OF DEATH	

	18413			301 W. PRESTON ST CERTIFICATE OF			1843	1	
	ECEASED-NAME Type or print) Geo:	First rge	Middle W •	last Strain	20.	DATE OF DEATH	Day 9 Yell 96	2b. HOUR	
3. SE	Male	4. RACE	Colored	S. DATE OF Marc	BIRTH h 14 1893	6. AGE (In yeors last birthday)	IF UNDER 1 YEAR MONTHS 245	IF UNDER 24 HRS. HOURS MIN.	
7o. I	BIRTHPLACE (Stote or foreigntry) North Ca		/HAT COUNTRY?	8. MARRIED MEVER MA WIDOWED DIV	KKIED	unty of DEATH		Mo	
	CITY OR TOWN OF DEATH Villiamsport		street oddress)	TITUTION (If not in haspital ch St.	12a. USUAL OCC during most of Labor	CUPATION (Kind of work don warking life, even if retired.	12b. KIND OF INDUSTRY Brick	BUSINESS OR Yard	
13a. adm	USUAL RESIDENCE (Where ission) STATE Maryl	deceosed lived, if instituted and 13b. COUNTY	tion: Residence before Washington	13c. CITY OR TOWN Williamspor	13d. INSIDE CITY LIMITS? YES NO V	13e. STREET AND NUMBER 43 E. Churc	eh St.		
14. 1	FATHER'S NAME First	nknown Middle	Lost	IS. MOTHER'S	MAIDEN NAME First	Middle Unknown		Last	
	WAS DECEASED EVER IN U	S. ARMED FORCES? es give war or dates of service)	16b. SOCIAL SECURITY M 216-07-69		lene Stra	43 E Chero in Williamsp			
×	Conditions, if any, which rise to immediate coust stating the underlying clast.	gave (b)	AS A CONSEQUENCE OF	CLEVESCOT RELATED TO THE TERMIN	TAL DISEASE ORCONDIT	TION GIVEN IN PART I(o)	100	105	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE		ED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?				
MEDICAL CER	21a. ACCIDENT WAS UND CONTRIBUTING CAUSE (If either, notify medical)	OF DEATH HOUR A.M. P.M.	Month Doy Year			re of injury in Port 1 or Part			
N	21d. THURY OCCURRED While Not while at work of work		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Tawn	County	State	
	saw the deceas	sed alive an Day	ec. 9	968, and that in (my) (894) apinian	, ta Nev_8 , I death accurred an the	date and haur	and fram the	
12			11	ATTEND	ING MED.	CTAFE -	2c. DATE SIGNED		
	22b. SIGNATURE	E Joyu	not	DEGREE PHYS.	- DIRECTO	OR L PHYS. L L	Dec. 9,	1968	
	22d. PHYSICIÁN'S	E. Byrki	t, M. D.	22e. AC	DRESS	ort, Maryla			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicancial completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 30M REV. 1 68

executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

Page 4 may be retained by the hospital or attending physicion.

Albert L. Leaf Williamsport

DATE DEC 12

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ent af Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 0

necessary, please execute the certificate, writing the ward "pending" in pepart Thytem 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examin<u>ers</u> Office along with farm

This certificate shauld be executed within 24 haurs after death

DICAL EXAMINER:

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

1-8-69 ms Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	0	7.5	U	N	

2	O S S O	MEDICAL	FYWWINFK,?	CERTIFICAL	E UP DEA	HIA		1010%
DECEASED-NAME (Type or Print)			Middle Zaběau		van	OF DEATH	KNOWN Month ESTI- MATED 12	Day Year 2b. HOUR
3. SEX Male	White	Jan 21 19		ors IF UNDER 1 YEA y) MONTHS DAY YRS.		MIN 2c. DATE MIN Mont	PRONOUNCED DEAD Doy L 7	Yeor 1964 8 35
7a. BIRTHPLACE (Sta	rville va	U.S.A			OIVORCED	9. COUNTY OF D Washi	ngton	N
10. CITY OR TOWN O			Hospital or institu				(Kind of work done ite, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Drug Store
130. USUAL RESIDER admission) STAT	WE (Where deceosed I Maryland	ived, if institution: F 3b. COUNTY Was	Residence before 13c.	city or town illiamspo	13d. INSIDE CITY LIN		E. Potom	ac St.
14. FATHER'S NAME	First Michael	Middle	Sullivan	1s. Mother's	MAIDEN NAME BO	First erthe	Middle M	Zabeau
160. WAS DECEASED E (Yes, na, ar unkno	VER IN U.S. ARMED FORC wn) (If yes give war o		OCIAL SECURITY NO. 8-22-0286	17. INFORMANT	ue Ann	Sullivar	136EE. P	otomae St. port, Md.
PART 1. H8 / × Conditions, if rise to imme	F DEATH (Enter anly or DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) DUE TO, OR AS A	CONSEQUENCE OF ute lobar		WWJH	olving l	ooth lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Approx. 4-6 days
49	SIGNIFICANT CONDITION	NS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE OR CO	ONDITION GIVEN IN	PART 1(a)	
19a. DATE OF	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							
	OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. P.M.	/ Month, Doy, Yeor 19	21c. HOW INJURY	Item 18.)			
WHILE	CCURRED 21e. PLAC	E OF INJURY (At hom , affice building, etc.)		21f. LOCATION Str	eet or R.F.D. No.	City	ar Tawn	County State
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Solwan	latural causes [Accident C	, Suicide	, Hamicide CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL ADDRESS(Street, (XAMINER AL EXAMINER EXAMINER CITY, tawn, ar cou	22b. DATE	ESIGNED 12 - (5 - (4 -) Nashington St.
23a. BURIAL, CREMI REMOVAL (S)		· 20-68	23c. NAME OF CEMEN	m Cemeye:	ry		amsport Wa	
24. FUNERAL DIRECT		Williamsp	ADDRESS		2So RECD	BY REGISTRISG	8: 25b. ALDOS	ESCHATIATION

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIF	ICATE OF	DEAT	H				1	843	3.3		
(T		First NETTIE				last SWOPE			2a. DATE OF DEATH DECEMBER Month 14 Day					2b.	2b. HOUR	
3. SEX	FEMAI	E	4. RACE WHI	TE		S. DATE OF OCTOBE		1893		6. AGE (In y last birthd 75	yeors ογ) YRS.	IF UNDE MONTHS	R 1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN,	
tounti	RTHPLACE (Statery) MARYLA BY OR TOWN O	AND F DEATH			WIDOW		ORCED 120.		UPATION (NGTON Kind of wo	rk done retired.)	12b.	KIND OF USIRY WN H	BUSINESS	Mc S OR	
13o. U			sed lived, if institut	ian: Residence before	13c. CITY	OR TOWN ERSTOWN		CITY LIMITS?	13e. STRI	EET AND NU	MBER			OFIE	18	
14. FA	THER'S NAME	First	Middle	Lost	22	1s. MOTHER'S /				I	Middle		OI	Lost		
		EVER IN U.S. AR.	OLIVE MED FORCES? var or dates of service)	R SPESSA 166. SOCIAL SECURITY	NO. 1	TO INFORMANT MR. CHAP		emma V Swo		348 A	ddress N				•	
NC	rise to immed stating the un last. 156	SIGNIFICANT CO	DUE TO, OR (c) WOTTIONS CONTRIBUTIONS	AS A CONSEQUENCE OF AS A CONSEQUENCE OF ITING TO DEATH BUT WE WHICH OPERATION WAS PE),	20a. AU	OPSY?		20b. IF 1	IN PART 1(o		CONSIDER	RED IN C	ERTIFYIN	G	
MEDICAL	OR CONTRIBUTION (If either, notification)	WAS UNDERLY! NG CAUSE OF DEA y medical exam CCURRED 21e	TH HOUR A.M. ner) P.M.		9	c. HOW INJURY O	CCURRED (in Part 1 c	or Port 2,	Item 18			State	
c	While Nat at wark at 22a. certi	fy that (I) (D) le deceosed constant above stoted above	M. Moskinol) att	ended the deceos	ed from 19 65 , bady of	ond that in (inter death. ATTENE PHYS. 22e. AE	my) (ÀÚIC)	apinion	tadeoth od	STAFF PHYS.	22c.	DATE SI	d haur GNED 16/6	68	le) las	
	BURIAL, CREMA REMOVAL Spec UNERAY DIRECT	TION, 23b.	DATE .2/17/68	23c. NAME OF	HAVE	OR CREMATORY N CEMET	ORY	23d. HA	LOCATION GERS'	City of To	wn) WASI	(Cou	nty)	(State		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please remay shauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any VR A15 (4) 30M REV. 1/68

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital ar attending physician.

omplately filled in by the follower carbon papers. Pages I y event within 72 haurs after

deoth by the funeral Poaes 1 and 2 hours after deoth. within 72 hours ofter physician and completely filled in please remove carbon popers. low requires that the death certificate be executed event, ond in any the attending phys or removol, cremotion, buriol-tronsit signed by physicion. buriol, be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the prior to TENDING PHYSICIAN: The of Health p be detoched ed with the State should director, page should be filed Page 4 moy

3 SFX

8434 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR DECEMBER Month 3 (Type or print) LUCTAN TERRY THOMAS 4:30aM 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last_birthday) MONTHS HOLIEC MALE AUGUST 31. 1898 WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) VIRGINIA U.S.A. WASHINGTON WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF INDUSTRY PLUMBI during most of working life even if retired.) HAGERSTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES 🔽 NO WOODLAND HAGERSTOWN 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First First Middle Last THOMAS WILBUR BLANCHE MITCHELL Address WOODLAND 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) 229-10-374] HAGERSTOWN, MARYLAND MRS GLADYS THOMAS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS TINDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (I) (this masphal) attended the deceased from 16 30, 1965, ta 1865, 1966, that (I) (we) last saw the deceased alive an allegance 2 1965, and that in (my) (six) apinian death accurred an the date and haur and from the 30, 1968, ta 18645, 1968, that (1) (we) last causes stated abave, (1) (We) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) CLEVELAND AVE. 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOYAL (Specify) RICHMOND DEC 6 196 24. FUNERAL DIRECTOR **ADDRESS** REGISTRAR'S SIGNATURE HAGERSTOWN, MARYLAND

VR A15 (4) 30M REV. 1/68

TELET

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIEICATE DE DEATH

executed within 24 hours after deoth.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Pages 2 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific

Poge 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 2 30M REV. 1/68

	1842	2	DIAI2ION OF	VITAL RECORDS		ATE OF E		IORE, MARTI	LAND 21201	1843	5
	DECEASED-NAME	First	V 3400	Middle		Lost		2a. DATE OF DE		W.	2b. HOUR
((Type ar print)	CLYDE		OLIVER	TRUM	POWER.	SR.	De	_	4 1968	N
3. S	SEX		4. RACE			S. DATE OF BIR	TH		AGE (In years ast birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male			hite		May 1	. 188		80 YRS		HOURS HILL.
	BIRTHPLACE (State a intry)	r fareign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	IED 9.	COUNTY OF DE	ATH		
	Marylan	d	U. S.	Α.	WIDOWED		-	Washin			Md
10.	CITY OR TOWN OF D	EATH		AME OF HOSPITAL OR II street oddress)	ASTITUTION (If n	at in haspital			nd of work done , even if retired.		BUSINESS OR
H	lagersto	wn	Wa	sh. Cou	nty Ho	spital	Ma	chinis	t	reti	red
13a. odn	nissian) STATE		13b, COUNTY	tion: Residence befare			YES NO.		T AND NUMBER		
10	Maryla			ington	-	T S LOW!	1 - X	5.0	arpsbu	rg Pike	
14.	FATHER'S NAME	First	Middle	Lost	113	. MOTHER'S MAI	100		Middle		Lost
160	. WAS DECEASED EVE	oseph	D EODUESS	Trumpos		Cat NFORMANT	therin	e		Atherto	
	Yes, no, ar unknawn)		or dates of service)						-	stown,	Md.
=	I CAUSE OF DE	ATU /Sates and		220-10-		Edward	ITUM	power,	23 Le	APPROXIM	LATE INTERVAL
	PART I. DEATI	H WAS CAUSED	BY:	ge sar (a), (b), and (c	o H	111011	1,-7			BETWEEN ON	NSET AND DEATH
	433	IMMEDIAT	E CAUSE (a)	AS A CONSEQUENCE OF	X VV	Wille		/ 1			00/00
	Conditions, if any,	which gove	DUE 10, UK	200 A A LONSEQUENCE OF	10.0	Pal	01111	10,000		42	21
	rise to immediate		DUE TO, OR	AS A CONSEQUENCE OF	7.00	0,700		CCO - F		1	1170
	lost.	lying coose	(c)								
	PART 2. OTHER SIG	GNIFICANT COND	ITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR COM	NDITION GIVEN II	PART 1(o)		
z	1332×										
CERTIFICATION	19a. DATE OF OPERA	ATION 19b. Co	ONDITION FOR WE	IICH OPERATION WAS P	ERFORMED	20a. AUTOP	SY?			CONSIDERED IN CE	RTIFYING
RTIFIC						YES 🔲	NO 🗖	CAUSES OF	DEATHY		
	21a. ACCIDENT WA					W INJURY OCCU	RRED (Enter n	noture of injury i	Part 1 or Port 2	2, Item 18.)	
MEDICAL	(If either, notify m	nedicol examine	er) P.M.		19	194					
×	21d. INJURY OCCU While Nat wh	RRED 21e. F	PLACE OF INJURY	(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LO	CATION Street	ar R.F.D. No.	City or	Tawn	County	Stote
	at wark at war	K —	1 2 15	1.1.1	011	7/17	100	7 15	116	68	(1) (6.1
	22a. I certify	that (I) (this	ve an	ended the decea	sed from	that in (my) (our) anini	ian death ad	urred on the	date and haur o	(I) (we) las
7	causes st	ated abave,	(I) (9xe) (did)	(did nat) view the	bady after	leath.) Joseph apini	ian acam acc	offed diffile	date dila iladi c	ind fram me
8	22b. S NATURE	. 1	630	1	-14/1	ATTENDING	MED		TAFF 22	c. DATE SIGNED	
3	NOU	will	UM	ally	LOEGR	EE PHYS.	LI DIR		HYS.	12/16/	68
	22d. PHYSICIAN'S NAME (Type)	Donald	d E. Mar	tin, M.D.		22e. ADDR 363 S	S. Clev	eland A	ve., Hag	gerstown,	Md.
230	BURIAL, CREMATION	N, 23b. D	ATE	23c. NAME OI	CEMETERY OR	CREMATORY		23d. LOCATION	City or Tawn)	(Caunty)	(Stote)
	REMOVAL (Specify)	11	2/17/68	Rest	Haven	Cemet	PTV	Hagers	towh w	ach M	id.
24.	FUNERAL DIRECTOR	L	agenet	own, Md	5		2Sa. REC'D BY	REGISTRAR	25b. REGISTRAF	S SIGNATURE	
	Andrew I	K. Cof	fman F	uneral F	lome.	Inc.	DATE DEC	17 19	of the	carles you	ye

JAMES THE THE STATE OF THE 1968

the series was 1, 1886 ...

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oo --- -- COM-10-COM-10- Componer, 2C teligh .vo.

estal 12/17/08 rest Haven Jemetary Marerstown, ech. id.

MARYLAND STATE DEPARTMENT OF HEALTH

The state of the s Here's and a series of the series. A STATE OF THE PROPERTY OF THE STATE OF THE

foctory, office building, etc.)

22a. I certify that I taak charge af the remains described abave, held an Autapsy ...

Natural causes Accident

Suicide

Ditto III Hagerstown, Md. ADDRESS(Street, city, tawn, or county)

Hamicide Undetermined manner CHIFF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Inspection

22b. DATE SIGNED

(County)

County

18437

6.

Year

1968

12b. KIND OF BUSINESS OR

Bridendolph

BETWEEN ONSET AND DEATH

2D. AUTOPSY?

NO .

Stote

INDUSTRY Craft

2b. HOUR

2d. HOUR

C

23a. BURIAL CREMATION REMOVAL (Specify

NAME (Type)

ACTUAL

23b. DATE Dec.9. 1968 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

23d. LOCATION (City or Town) Williamsport.

Wash.

Inquiry -

(Stote)

and in my apinian

24. FUNERAL DIRECTOR Albert L. Leaf

NOT WHILE

death resulted fram:

ADDRESS Williamsport. Maryland. 25a. REC'D BY REGISTRAR 1968

2Sb. REGISTRAR'S SIGNAT

VR A15ME (5) 10M REV. 1/68

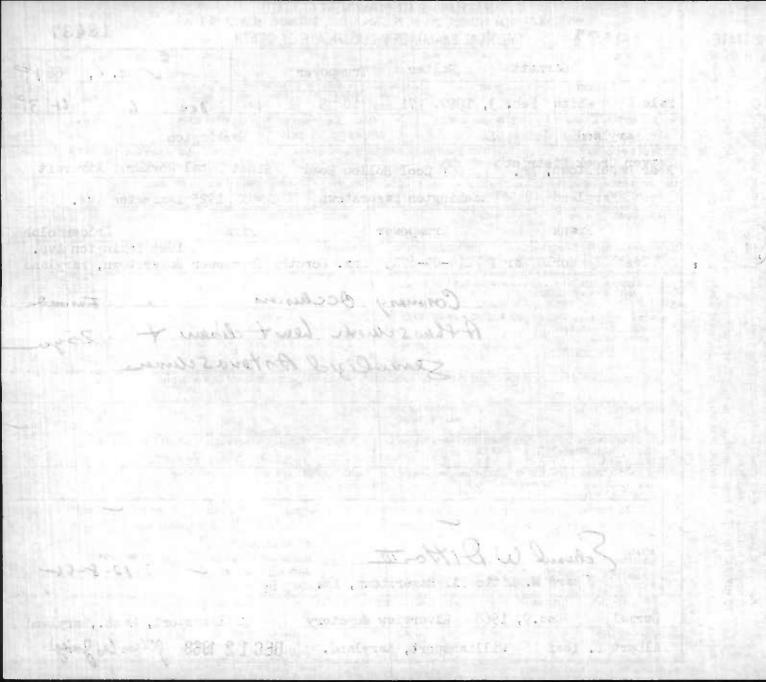
may be retained for your FUNERAL DIRECTOR: Page

the funeral directar.

O DEPUTY

burial,

Health



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove darbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and its only event, within 72 hours-after death.

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Page 4 may be retained by the hospitol or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8438

	DECEASED-NAME	Fir	rst	OM to	Middle		Last	2a. DATE (2b. HOUR	
	(Type ar print)	Will	liam	Wood	drow	2	rumpower	n	ecember	Day	1968	3	
3. 5	SEX		4. RACE				S. DATE OF BIRTH		6. AGE (In year		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	Max	e		WF	rite	. 3	July 28,2	914	lost birthdoy)	YRS.	MONTHS DAYS	HOURS MIN	
7a.	BIRTHPLACE (Stot	e ar foreign	7b. CITIZEN	OF WHAT COU	NTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O					
u		ort. Ma	4	USA		WIDOWED			lashingto				
	Hagers	own		Washin	iospital or ins dress) raton (Co. Hos			N (Kind of work g life, even if reti		12b. KIND OF INDUSTRY Kailre	BUSINESS OR ad	
130 odr	. USUAL RESIDENCE IN STATE	E (Where dece		institution: Resi			iomsport YES	NO 🔀	STREET AND NUMB	ER			
14.	FATHER'S NAME	First	W	Niddle	Lost	1	S. MOTHER'S MAIDEN NAM	NE First	Mid	dle		Lost	
		James	Ue	rnon	Trumpo	ower	M	ay	Lula	(Guessto	ord	
16	. WAS DECEASED	EVER IN U.S. A	RMED FORCES?	enrice)	CIAL SECURITY I	NO. 17.	INFORMANT		Addr				
	Yes, no or unknow	,,,,		705	-10-46	585 M	rs. W. W. Truny	power R	# 1 Wi	llie	msport	t.Md.	
				e per line far (a), (b), and (c).	.)					BETWEEN O	IMATE INTERVAL INSET AND DEATH	
	1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One death de												
	410	9	DUE T		- /	7		2					
	Canditians, if a	Canditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove)										7	
			0	4.3	/ F. Ta	4	Une Teach	0 0 0 1	Mis a a A a	1	10.110	Manuel	
		ote couse (a),((b)(d)	COLUMN DE	rest	lerater h	edht	Juscas		hidle	Hered	
	stating the un	ote couse (a),((b) OR AS A COM	VSEQUENCE OF	rest	lerotes h	earl	Juseac		hidle	Hered	
	stating the un lost.	ote couse (a derlying cous	DUE T	(c)		OT DELATED T	erous h	OR CONDITION CIV	SUDDA O		Midle	Hered	
	stating the un lost.	ote couse (a derlying cous	DUE T	(c)		OT RELATED T	O THE TERMINAL DISEASE	ORCONDITION GIV	/EN IN PART I(a)		Midle	Hered	
NOIL	stating the unlost. PART 2. OTHER	ote couse (a derlying cous SIGNIFICANT C	DUE T	(c) ONTRIBUTING TO	DEATH BUT N					NGS COM	NSIDERED IN C	FRIIFYING	
FICATION	stating the unlost. PART 2. OTHER	ote couse (a derlying cous SIGNIFICANT C	DUE T	(c)	DEATH BUT N		20o. AUTOPSY?	20b.	/EN IN PART I(a) IF YES, WERE FIND ES OF DEATH?	NINGS COM	NSIDERED IN C	ERTIFYING	
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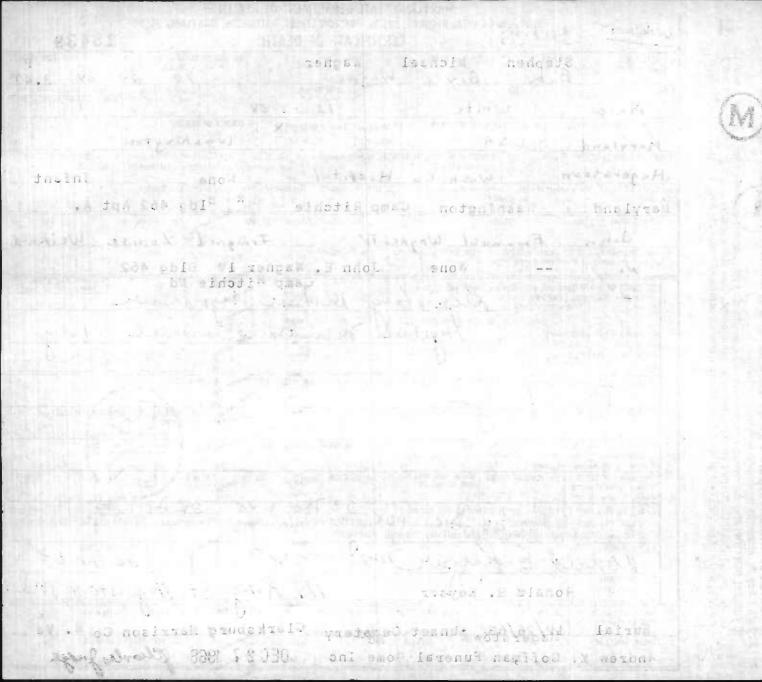
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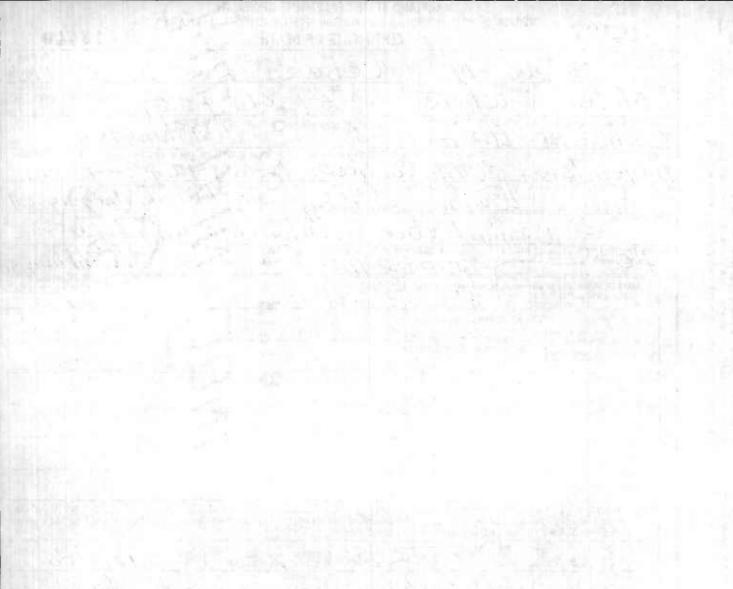
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH E, MARYLAND 21201

ISION	OF VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMO	?
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	18428		DIVISION	OF VITA	AL RECORDS		CATE OF	REET, BALTII DEATH	MORE, MAR	RYLAND 21	201	21	1.4		
	ECEASED-NAME Type or print)	First Co 1	ra		Middle Irene	2	lost immeri	nan	20. DATE OF Dec	DEATH ember	1 204	1	988	2b. I	HOUR M
3. S	female		4. RACE	W	hite		S. DATE OF B	RTH 3-1882		6. AGE (In ye	eors (Y) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.
70. (O)	BIRTHPLACE (State or for noty) aryland	reign		OF WHAT CO	OUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RELED (. COUNTY OF	DEATH Washi	ngto	n			Md.
	CITY OR TOWN OF DEAT	own		give street	0 0 4 0	tomac	, St.	during mo	OCCUPATION Stof working House	life, even if re Wile	etired.)	12b. I INDU	CIND OF I	BUSINESS ome	OR
	USUAL RESIDENCE (Who		ed lived, if i 13b. COL		esidence before a.sh.		stown	13d. INSIDE CITY LIA YES NO		REET AND NUM				St	
14.	FATHER'S NAME Fill			ddle Zimm	lost erman	1	S. MOTHER'S M	Alden name fii Loui		altsg	iddle ive	r		Lost	
160	. WAS DECEASED EVER II Yes, no of unknown)	N U.S. ARM (If yes give w	IED FORCES? or or dates of ser		social securit None		·Adel	bert E	urton		ldress rsto	wn		ATE INTERV	
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230	BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	23b. I	DATE -16-6	8	Rose	F CEMETERY OF H111	Cemet	ery	100	ON (City or Tov	,	(Coun	.,	(Stote)

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours af VR A15 (4) 30M REV. 1/68

24 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.

filled in by the propers. Pages

Burial

24. FUNERAL DIRECTOR ADDRESS Minnich Funeral Home Hagerstown, Md.

250. REC'D BY REGISTRAR DAT DEC 18 1

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